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THE UNIVERSITY OF ALBERTA

JOB SATISFACTION AND TURNOVER OF STAFF IN RESIDENTIAL FACILITIES FOR MENTALLY HANDICAPPED PERSONS IN ALBERTA

BY

EDWIN RIEDIGER

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER IN EDUCATION

IN

SPECIAL EDUCATION (MULTIPLE DEPENDENT HANDICAPPED)

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1986

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.....

Supervisor

.....

.....

Date August 29, 1986

DEDICATION

Dedicated to

The Robin Hood Association

for the Handicapped

Abstract

The purpose of this study was to identify factors related to job satisfaction and turnover of staff in group homes serving people with mental handicaps in Alberta. This information was intended to assist administrators of community-based group homes develop policies and practises that result in better recruitment and management of personnel.

A questionnaire for group home administrators and another for group home staff were developed. These questionnaires were mailed to all community-based residential facilities in Alberta. The return rate for administrator questionnaires was 85% (121/142) and for staff questionnaires was 55% (572/1,050).

The data showed that the provincial turnover rate for group home staff was 40%. Of the staff that left jobs in group homes in 1985, 41% had been employed for less than one year. The majority of staff currently employed in group homes plan to change jobs within two years.

Staff appeared to be generally satisfied with their jobs in group homes but there were clearly some issues that administrators of residential services needed to address. Staff were most satisfied with their relationships with group home residents and co-workers and were least satisfied with their pay. Staff expressed a desire for more inservice training, more opportunities for advancement, and more recognition and feedback from their employer. Staff were generally in agreement that expectations for residents to be more independent should be raised.

The large majority of staff employed in group homes are female, do not have dependent children, and have at least some post-secondary education. The live-in staffing model is seldom used in group homes in

Alberta during the week but is a common method for staffing weekends.

The findings of this study were consistent with those from the United States on rates of staff turnover and characteristics of staff employed in residential facilities. A considerable body of additional descriptive information about community-based residential facilities for mentally handicapped people in Alberta was produced.

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Chapter I

Introduction

The turnover of direct-care staff is considered to be one of the most serious problems in residential service systems for the mentally handicapped (George & Baumeister, 1981; Lakin, Bruininks, Hill, & Hauber, 1982; O'Connor, 1976). High rates of staff turnover increase the costs of service delivery and result in a more turbulent residential environment reducing the quality of service (Cherniss, 1981). In addition, factors contributing to staff turnover are likely to affect the performance of staff in their daily activities within the residential setting. The identification of factors contributing to or preventing direct-care staff turnover could provide residential program administrators with information to help reduce staff turnover.

Introductory Overview

The study was designed to explore the issue of staff turnover and job satisfaction of direct-care staff employed in community-based residential facilities serving people with mental retardation in Alberta. Answers were sought to the following questions:

1. What was the rate of staff turnover in community-based residential facilities in Alberta in 1985?

2. Did rates of staff turnover vary in association with identifiable characteristics of the facilities and their residents?

3. What were the characteristics of staff who worked in community-based residential facilities?

4. What were the opinions of staff employed in community-based residential facilities on some of the controversial issues related to

these facilities?

5. How personally satisfied were staff working in community-based residential facilities with factors identified as important in determining job satisfaction?

6. Did the satisfaction of staff working in community-based residential facilities vary in association with identifiable personal or facility characteristics?

7. What were the personal characteristics of staff who contributed to the staff turnover rates in community-based residential facilities in Alberta in 1985?

The study was also designed to assist in the preparation of a set of guidelines for group home administrators. These guidelines could be used to: (a) compare agency rates of turnover, (b) recruit staff likely to be long-term employees, (c) identify features within group homes associated with staff turnover as well as extended employment, and (d) develop personnel policies and practices promoting employee stability.

Overview of the History of Community Group Homes

During the past twenty years, community-based residential services have become a major alternative to institutionalization (Bruininks, Kudla, Hauber, Hill, & Wieck, 1981; Lakin, Krantz, Bruininks, Clumpner, & Hill, 1982; Scheerenberger, 1981). This powerful movement which began in the late 1960s was the product of a number of converging forces.

1. The principles of normalization became a dominant theme setting a standard for service delivery to people with mental retardation (Nirje, 1969; Wolfensberger, 1972).

2. Legal mandates for the right to a "free and appropriate education" and the right to treatment in the "least restrictive environment" were

established (Education for All Handicapped Children Act, 1975; Wyatt v. Stickney, 1972).

3. New methods of training clearly demonstrated that even severely and profoundly mentally handicapped people could learn and develop skills leading to greater independence (Bellamy, Peterson, & Close, 1975; Clarke & Heremelin, 1955; Gold, 1972, 1976; Hunter & Bellamy, 1976; Loos & Tizard, 1955; Williams, 1967).

4. Deinstitutionalization was prompted in part by bringing to public attention the deplorable conditions existing in large institutions for the mentally retarded (Blatt, 1969; Wolfensberger, 1969).

The development of community-based residential facilities was intended to improve service quality for people with mental handicaps. Unfortunately, views of the nature of service quality differed greatly. As a result, the success or failure of community living alternatives was difficult to evaluate relative to service quality.

Rationale for The Study

One of the important lessons which can be learned from examining the effect of institutions on people with mental retardation is that well-intentioned human services can be debilitating and dehumanizing (Balla, 1976; Baroff, 1980; Keith & Ferdinand, 1984; Nirje, 1969; Wolfensberger, 1969). There is no guarantee that the current trend toward community-based group homes will not produce the same negative results unless effective standards of service delivery are established and maintained. There are at least four important reasons why residential program operators must be concerned with the issue of quality.

1. Community-based group homes have become a major service option for people with mental retardation.

2. The present-day emphasis on equality and human rights requires that serious efforts be made to reduce or eliminate practices of discrimination and inequality.

3. In view of the overwhelming body of research clearly demonstrating that all people with mental retardation are able to learn and become more independent, it is encumbent on service providers to ensure that opportunities for optimal growth and development are provided for this population.

4. There is an increasing demand for service delivery agencies to be accountable for the quality of services provided and to ensure that client needs are being met effectively.

Definitions

The American Association on Mental Deficiency (AAMD) formulated the following definition: "Mental retardation refers to significantly subaverage general intellectual functioning resulting in or associated with concurrent impairment in adaptive behavior and manifested during the developmental period" (Grossman, 1983, p. 11). This widely accepted definition will be used in the study. The terms "mentally handicapped," "developmentally delayed," and "developmentally handicapped" are used interchangeably with "mentally retarded."

Grossman (1983) suggested that, based on the AAMD definition, 2.3% to 3% of the general population would be considered mentally retarded. Other authorities have placed the incidence at about 1% (Birch, Richardson, Baird, Horobin, & Illsley, 1970; Dingman & Tarjan, 1960; Farber, 1968; MacMillan, 1977; Mercer, 1973). Lakin and Bruininks (1985) suggested that 1.6% is a reasonable estimate of the incidence of mental retardation in the general population.

There is no generally accepted definition, or classified system for various types of living environments that mentally handicapped people live in. Although the need for such a universal classification system is obvious, the diversity in existing program philosophies, administrative organizations, and types of clients being served make this a most difficult task. There have been numerous attempts to develop definitions or taxonomies of residential environments for people with mental retardation (Baker, Seltzer, & Seltzer, 1977; Butler & Bjaanes, 1977; Heal, Novak, Sigelman, & Switzky, 1980; O'Connor, 1976). The Heal et al. (1980) definition of a "group home" suggested the typical number of residents was 6 or 8 but that a range of 2 to 100 residents was possible. A definition of group homes that does not address the number of occupants has been developed by Bruininks, Hauber, & Kudla (quoted in George & Baumeister, 1979).

> Any community based living quarter(s) which provides 24 hour, 7 days/week, responsibility for room, board, and supervision of mentally retarded persons with the exceptions of (a) single family homes providing services to a relative; (b) nursing homes, boarding and foster homes that are not contracted as mental retardation service providers; (c) independent living (apartment) programs which have no live-in staff; (d) homes which are operated and staffed by family members (p. 640).

This basic definition of a group home is used in the present study. For the purposes of the study, only residential facilities for mentally handicapped people funded by Alberta Social Services and Community Health and having between 1 and 15 residents were considered as group homes.

Summary of Introduction

The move to develop community-based residential facilities was primarily concerned with improving the lifestyle and developmental opportunities for people with mental handicaps by changing the individual's physical environment. The role of direct-care staff in defining the quality of life and independence of residents in community group homes has not been emphasized sufficiently. There is now a much greater awareness of the social ecology of living environments which helps to shape the quality of the environment (Chadsey-Rusch, 1985; Haywood & Newbrough, 1981; Landesman-Dwyer, 1985; Rotegard, Bruininks, Holman, & Lakin, 1985). Direct-care staff are a very important dimension of the environmental ecology existing in community residential facilities.

Chapter Two begins with a review of the literature associated with the factors contributing to the emergence of group homes as viable alternatives to institutions. The literature documenting this shift in service delivery, philosophy, and practise, in the United States and in the province of Alberta is also reviewed. The discussion then reviews the relationship of job satisfaction to staff turnover. The chapter concludes with a brief review of the literature associated with the use of questionnaires in research.

Chapter II

Literature Review

Turnover of direct-care staff is reported to be one of the most serious problems associated with residential services for the mentally handicapped throughout North America (Baker, Seltzer, & Seltzer, 1977; Bruininks, Kudla, Wieck, & Hauber, 1980; O'Connor, 1976; Wolfensberger & Vanier, 1974). Almost certainly, the most important effect of high rates of staff turnover is a reduced level of service quality (Balla, Butterfield, & Zigler, 1974; King, Raynes, & Tizard, 1971; McCormick, Balla, & Zigler, 1975). A secondary issue associated with this problem is the increased cost of group home operation resulting from replacing staff (George & Baumeister, 1981; Zaharia & Baumeister, 1978a, 1978b).

Group homes for mentally handicapped people did not appear as a viable service option by accident. Rather, the community group home was a logical product of a number of converging forces resulting in the improvement of the quality of services available to people with mental retardation. These forces included the concept of normalization, legal mandates, improved training technology and deinstitutionalization.

Normalization

A concept which has become the major philosophical impetus for changing attitudes and methods of service delivery to people with mental retardation is "normalization." This concept was introduced by Bank-Mikkelsen (1969) and Nirje (1969) and was later promoted by Wolfensberger (1972). The concept as defined by Nirje (1969) stated that "the normalization principle means making available to the mentally retarded patterns and conditions of everyday life which are as close as

possible to the norms and patterns of the mainstream of society" (p. 181). The meaning of the phrase "as close as possible" has resulted in a continuing debate in research and practise but there is general agreement that the principles of normalization help to define quality in human services. The powerful influence of "normalization" can be partially attributed to its elegant simplicity and also to its timely introduction to a social service system experimenting with change but desperately needing a unifying theme.

The move to place residents from public institutions into community settings was seen as consistent with the philosophy of normalization but it soon became evident that relocation alone was not a sufficient condition to ensure an improved lifestyle for all those who were transferred. Edgerton (1975), after studying a variety of community-based residential services in Southern California, reported that "the little institutions where they (persons with mental retardation) now reside appear to be no better than the large ones from which they came, and some are manifestly worse" (p. 131).

A part of the problem was that community alternatives had developed as a reaction to institutions. This reaction resulted in the hasty development of many poorly planned, poorly funded, and poorly run community residential programs. These problems, combined with a general lack of knowledge or experience on the part of the community service system, made the delivery of quality services difficult. In addition, there were many competing philosophical interpretations regarding the purpose and expected results of community residences. These competing interpretations made the definition and evaluation of service quality in community residential facilities nearly impossible (Bachrach, 1981, 1985;

Balla & Klein, 1981; Landesman-Dwyer, 1985; Rotegard, Bruininks, Holman, & Lakin, 1985).

Another aspect of the service quality issue was the failure to understand that group homes have a complex and multi-dimensional ecology. The many variables which must be considered in developing and operating good quality living environments did not suddenly emerge just because people moved from institutions to group homes. It took time, experience, and research for some of those important variables to be identified (Landesman-Dwyer, 1985; Wandersman & Moos, 1981).

A considerable body of research developed in an effort to compare the relative merits of various living environments. Essentially this research reflected three distinctive approaches. One approach was to compare living environments for mentally handicapped people to living environments for nonhandicapped people. On this basis, group homes were preferable to institutions because they more closely approximate the types of homes in which most nonhandicapped people live. There was, however, no method to objectively evaluate environments on the basis of normalcy. Wolfensberger and Glenn (1975) addressed this problem by developing an assessment device called Program Analysis of Service Systems (PASS). One of the criticisms of this assessment, however, is that the definitions of normal are subjective and do not have an empirical base (Landesman-Dwyer, 1981). A second problem is the assumption that a more normal environment will produce more normal behavior. Research has not produced strong support for this hypothesis (Demaine, Silverstein, & Mayeda, 1980; Eyman, Demaine, & Lei, 1979; Fiorelli & Thurman, 1979; Hull & Thompson, 1981; Landesman-Dwyer, Sackett, & Kleinman, 1980; Sandler & Thurman, 1981).

Another way in which living environments were compared was on the basis of specified environmental variables. Factors like the size of a facility (Balla, 1976; Baroff, 1980; Landesman-Dwyer et al., 1980); activities and procedures within the facility (Bjaanes & Butler, 1974; Dalgleish, 1983; McCormick, Balla, & Zigler, 1975); staff behavior (Janicki, Jacobson, Zigman, & Gordon, 1984; Prior, Minner, Coyne, Golding, Hendy, & McGillivary, 1979); operating costs (Bensberg & Smith, 1984; Templeman, Gage, & Fredericks, 1982); and perceptions of client well-being and service quality (Hemming, Lavender, & Pill, 1981; Pratt, Luszcz, & Brown, 1980) were some of the variables compared.

A third method of comparing living environments for people with mental handicaps was on the basis of client behavior (Barton & Repp, 1981; Eyman et al., 1979; Keith & Ferdinand, 1984; Repp, Barton, & Gottlieb, 1983; Schalock, Harper, & Carver, 1981; Sokol-Kessler, Conroy, Feinstein, Lemanowicz, & McGurrin, 1983). Although not unanimous, the overwhelming majority of this research seems to indicate that community group homes have many more advantages for people with mental retardation than do institutions. Community group homes have the potential to allow individuals greater independence and freedom even though management and staff practises may prevent this from actually occurring.

Legal Mandates

Another powerful force contributing to the rapid expansion of community group homes was legislation and precedent-setting legal cases in the United States. Although Canada does not have the same legal and legislative foundation, the trends in Canada have followed those of the United States. The case of Wyatt v. Stickney (1972) was the first significant attempt to have the courts rule on the issue of quality of

life for people with mental retardation. The court ruling stated that:

> Residents shall have a right to the least restrictive conditions necessary to achieve the purposes of habilitation. To this end, the institution shall make every effort to move residents from (a) more-to-less structured living; (b) larger to smaller facilities; (c) larger to smaller living units; (d) group to individual residence; (e) segregated from community to integrated into the community living; (f) dependent to independent living (p. 396).

The "Education for All Handicapped Children Act" or PL 94-142 that was passed in 1975 was also significant in advancing the concept of community-based services for the handicapped. Although it might be argued that legal and legislative actions were the result rather than the cause of changing attitudes toward the way in which services to people with retardation were provided, there can be little doubt that these decisions enabled community-based systems and programs to develop at a faster rate. The judicial and legislative concept of "least restrictive alternative" has become the dominant theme in the changing pattern of human service delivery.

Training Technology

Through the late 1960s and 70s there was a tremendous expansion of research and subsequent training technology focusing on increasing the skill level of people with mental retardation. Sophisticated and effective training methodologies were developed to help mentally handicapped people take advantage of the new opportunities afforded by living, learning, and working in less restrictive settings. In turn, increased levels of competence by people with mental retardation helped to redefine the limits of restrictiveness required by this population.

The shift from an institutional service model to a community-based service model made the development of effective training methods necessary. Living in the community placed many new demands on people with mental handicaps. However, increased opportunities for independence coupled with an effective teaching technology helped to ensure that living in the community became a viable approach to service delivery for mentally handicapped people.

Unfortunately, the utilization of: (a) poorly trained staff (Baker et al., 1977; O'Connor, 1976); (b) the chronic problem of high staff turnover (George & Baumeister, 1981; Lakin, Bruininks, Hill, & Hauber, 1982; Zaharia & Baumeister, 1978b); and (c) failure on the part of staff to utilize existing training technology (Repp & Barton, 1980); resulted in the evolution of a residential service system based on philosophical principles but lacking in the application of technical expertise. Direct-care staff play a vital role in determining the quality of life for the residents within a residential environment. These staff members are also primarily responsible for the delivery and control of opportunities for learning and independence experienced by the residents. Not enough attention has been given to the role direct-care staff have in delivering training technology to people living in community residential facilities.

Deinstitutionalization in the United States

The first institutions for the mentally retarded in the United States were developed in the mid 1800s. Their stated purpose was to provide training and rehabilitation for individuals who, because of their perceived deviance, were seen as requiring a temporary sheltered environment where skills might be developed (Wolfensberger, 1969).

Throughout the next 100 years these facilities grew in number and size until a record population of 194,650 was recorded in 1967 (Lakin, Bruininks, Clumpner, & Hill, 1982). In general, these institutions were large, self-contained, and located in rural settings. Conditions varied, but segregation, depersonalization, and dehumanization of the resident population was generally inherent in this service system (Blatt, 1969; Goffman, 1961; Nirje, 1969; Wolfensberger, 1969).

After 1967 the trend of ever-increasing numbers of institutional residents was reversed as the focus of service delivery began to shift to community-based alternatives. By 1982 the number of residents in state operated institutions had declined to 117,160 or 60% of the peak population of 15 years previously. This reduction in the number of institutional residents represented an annual average decrease of approximately 3.2% (Rotegard, Bruininks, & Krantz, 1984).

As the institutional population declined, there was a corresponding increase in community-based residential services for people with mental retardation. The development of community-based services represented a shift in social policy and was the product of a growing awareness of human rights. These rights were defined in a number of landmark legal cases, active pressure by parents and other advocates for people with mental retardation, new approaches to educate and habilitate mentally handicapped people, and government policies making new initiatives possible (Bachrach, 1985; Bruininks, Kudla, Hauber, Hill, & Wieck, 1981; Lakin & Bruininks, 1985).

Although such terms as "group homes," "community-based services," or "community residences" are widely used in the literature, there are no standardized definitions for these types of services (Landesman-Dwyer,

1985). This lack of a common definition makes the analysis and comparison of descriptive statistics difficult as facilities included and excluded can vary substantially.

Using a very broad definition including community-based facilities with fewer than 80 residents, Baker et al. (1977) found that by 1960, in the United States, 24 such facilities had opened and by 1973 the number had risen to 374. Between 1972 and 1974, O'Connor (1976), also using a very broad definition for community residences, found a total of 611 such facilities in the United States. There were approximately 8,000 mentally handicapped people in these community residences.

A 1977 national survey in the United States (Bruininks et al., 1981) found that there were a total of 4,427 residential facilities serving a total of 62,397 mentally handicapped residents. Of these residential facilities, nearly 73% had 10 or fewer mentally handicapped residents while 88% served fewer than 20. There were slightly more male residents than female residents and 62% of all residents were over 22 years of age. Approximately 65% of the residents were considered to be moderately, mildly, or borderline mentally retarded while 32% were classified as severely or profoundly retarded. A 1982 survey (Janicki, Mayeda, & Epple, 1983) found that there were a total of 6,302 group homes in the United States with an average of nine residents in each home.

Another 1982 national survey (Hauber, Bruininks, Hill, Lakin, Scheerenberger, & White, 1984) recorded a total of 15,633 residential facilities in the United States. These facilities accommodated 279,095 residents of whom 243,669 were mentally handicapped. Of the facilities serving people with mental handicaps, 1,028 (6.6%) were publicly operated while 14,605 (93.4%) were privately operated. Of the mentally handicapped

population, 52.8% resided in publicly operated facilities and 47.2% resided in privately operated facilities. There were 2,448 residences with 1 to 5 residents, 4,117 residences with 6 to 15 residents, 655 facilities with 16 to 63 residents, and 449 facilities with 64 or more residents. Only 17.7% of all mentally handicapped persons surveyed lived in group homes having between 1 and 15 residents. An additional 10.5% of the mentally handicapped population lived in other small living units such as boarding homes or foster homes not classified as group homes. Facilities with 16 or more residents accounted for 66.5% of the population surveyed. Approximately half of all the residential facilities had opened since January 1, 1977, and 96% of these facilities had 15 or fewer residents. The median number of residents in each of these recently developed facilities was four. It would appear that, in addition to a trend toward community-based services, an effort is also being made to deliver those services in smaller living units.

Deinstitutionalization in Alberta

There are no national studies on deinstitutionalization in Canada but trends are considered to be similar to those in the United States. Support for this suggestion can be obtained from a review of the history and current status of social services for the mentally handicapped in the province of Alberta.

A provincial institution for the mentally handicapped was opened in Red Deer, Alberta, in 1923. At that time there were 108 residents in the facility. By 1969 the population of the facility had reached a record 2,300 residents (Michener Centre: A History, 1923-1983). Interestingly, the resident population in Alberta's largest institution peaked just two years after the same situation occurred on a national basis in the United

States.

During the 1970s, the Alberta government undertook to reduce the size of Michener Centre, it's largest institution, and began the process of developing smaller regional and community-based residential services for mentally handicapped people. By 1983 the population of Michener Centre had been reduced to approximately 1,500 people. The service option which became the primary alternative to the institution was the community group home.

The use of community homes for the provision of social care is not a new idea in Alberta. Group homes had been in existence in Alberta before 1970, but these facilities were typically intended for unwed mothers, juvenile delinquents, and disturbed children and adolescents. The term "halfway house," which signified a transitional location between an institution and natural home, was frequently used to identify these facilities (Engelmann, 1970).

A 1947 report on Welfare in Alberta (Imperial Order, Daughters of the Empire, Alberta Provincial Chapter, 1947) indicated that approximately 1,600 to 1,700 children were in the care of the provincial government. Approximately 1,000 of these children were placed in adoptive or "free" foster homes (work homes), 300 were placed in voluntary child care agencies, and 300 were residing in private commercial boarding homes. The types of children in care included those who had been neglected, orphaned, or who were described as delinquent. The report also indicated that at least some of the children being boarded in licensed foster homes "...were definitely suffering from physical or mental handicaps. One or two of the homes, in fact, appeared to be reserved entirely for quite markedly mentally defective cases, with apparently no constructive

long-term planning" (p. 89). This report suggested that mentally and physically handicapped children were difficult to place once they came into care and tended to "clog up" and "pile up" in care facilities. Clearly, handicapped children were not considered appropriate for community placement.

The 1947 report on Welfare in Alberta put the blame for the inadequate child care system on the Alberta government. The government was accused of attempting to provide social services to children using a "free or cheap" service delivery model. The use of child adoption, foster homes where children worked in exchange for their board, or the reliance on benevolent agencies to provide care was definitely inexpensive for the government but the range of children that could be served in this manner was limited. The only residential alternative for most children and adults who were unable to reside in their natural homes was the provincial institution in Red Deer.

By 1970, little progress had been made in developing additional community-based residential services for mentally handicapped children and adults. A government report (Engelmann, 1970) indicated that there were a total of eight facilities serving mentally handicapped children in the province of Alberta. These included the provincial institution in Red Deer and the Baker Sanitorium in Calgary. The Baker Sanitorium was a hospital originally intended to serve patients with tuberculosis but was also used to accommodate 150 severely mentally handicapped children. In addition, there were three facilities which had between 30 and 36 beds for mentally handicapped children. These included Providence Creche in Calgary, Welwyn Manor in Wetaskiwin, and the Peace School of Hope Dormitory in Grande Prairie.

According to Engelmann (1970), there were four other facilities in Alberta which would now be classified as community group homes for mentally handicapped people. One of the group homes was located in Fort Saskatchewan. This home was opened in 1968 and its intended purpose was to serve "mongoloid" children. This home was privately run and provided some training to its residents. This facility was called the Lamaureux Children's Home.

Two other community group homes also opened about the same time and were located in Lethbridge and Drumheller. These homes were operated by community-based voluntary organizations primarily made up of parents of handicapped children. A community residence serving as a "halfway house" for individuals being integrated into the local community from the institution in Red Deer was also opened in 1968 (Michener Centre: A history, 1923-1983). These facilities were all operated with the approval, and with varying degrees of financial support, from the Alberta government.

Between 1970 and 1985 there was a rapid increase in Alberta in the number and types of community-based residential services for people with mental handicaps (Alberta Programs for the Handicapped, June 1985). Of this total, 140 homes were operated by community agencies and 18 were operated by government. There was a total of 45 community residential service operators across Alberta. The average number of facilities operated by each private agency was 3.11. There was an average of just under seven residents per group home. The facilities ranged in size from 3 to 41 spaces. Only two facilities had more than 15 spaces.

The government operated three community-based service systems for mentally handicapped people in Alberta. The largest of these was called

Resources for the Dependent Handicapped and consisted of 14 group homes. An additional 21 group homes operated by the government in conjunction with Michener Centre were not included in these totals (Michener Centre: A History 1923-1983). Other major residential services provided by the government of Alberta for people with mental retardation included Michener Centre (1,429 residents), Cormack Centre (92 residents), Rosecrest (36 residents), Wetaskiwin Centre (19 residents), and Baker Centre (151 residents). Of the 2,785 mentally handicapped children and adults in residential spaces funded through Alberta Social Services and Community Health, 1,058 (38%) were in community-based residential spaces and 1,727 (62%) were institutionalized in provincial facilities.

The growth of community-based alternatives in Alberta has closely paralleled similar trends which have been reported in the United States. Even though significant advances in deinstitutionalization have been reported throughout North America, it is very evident that the development of community-based residential alternatives and the repatriation of mentally handicapped people from institutions into those community alternatives is far from complete. Even though governments throughout Canada and the United States are committed to deinstitutionalization, the continued existence of many large institutions is testimony that significant changes in social policy and practise is often not achieved as rapidly or as completely as might be desired.

Rates of Staff Turnover

High rates of staff turnover have been one of the chronic problems associated with the operation of community-based residential services. In a United States national survey of 2,000 community residential facility administrators, the three most frequently identified problems

were recruitment of qualified staff, staff training, and high rates of staff turnover (Bruininks et al., 1980). The well-known community group home system operated by the Eastern Nebraska Community Office of Mental Retardation (ENCOR) reported that, in the last six months of 1973, a turnover rate of 100% occurred with part-time staff and 60% with full-time staff (Skarnulis, 1976). A comprehensive study of staff turnover in the state of Tennessee found that the annual rate of turnover for full-time house managers was 73%. The median length of survival for this job classification was 8 months in large agencies and 5.5 months in small agencies. Small agencies were defined as those operating one residential facility. Relief house managers in small agencies had an annual turnover rate of 58% and the median length of service was three months. In large agencies, the turnover rate for relief house managers was 43% and the median length of service was 13.5 months (George & Baumeister, 1981).

A United States national study of direct-care staff turnover was conducted in 1978 (Lakin, Bruininks, Hill, & Hauber, 1982). This study involved 75 public and 161 nonpublic residential facilities for mentally handicapped people. Data was collected from administrators and staff members. The annual turnover rate in public residential facilities ranged from 2% to 157% with a mean of 32.8%. In nonpublic residential facilities, the reported rate of staff turnover ranged from 0% to 400% with a mean of 54.2%. A further analysis of nonpublic facilities showed that facilities having 1 to 6 residents had a staff turnover rate of 86.67%, while facilities with 7 to 16, 17 to 64, and 65 or more residents had turnover rates of between 45 and 47%.

Even though the difference in staff turnover rates between public and nonpublic residential facilities was very significant, the researchers

who conducted this study concluded that these differences were not necessarily inherent in these service models. The length of time a facility had been open was one important variable. Smaller nonpublic facilities appeared to need a period of maturation to establish a core of stable employees. Also, rates of pay were lower in nonpublic facilities. Of all staff members who separated from employment in residential facilities, one-fifth occurred during the first two months of employment. This finding might suggest serious difficulties with the recruitment and orientation processes being used with residential staff. An interesting additional finding in this study was that turnover rates in owner-operated facilities for the mentally handicapped were negligible. Owner-operated facilities were those not employing direct-care staff other than immediate family members. The researchers suggested that this stability could be attributed to the motivation and personal qualities of these care providers.

It would be counterproductive to suggest that a high rate of staff turnover is one of the unalterable realities that must be accepted in community residential services. The identification of factors contributing to this problem would help provide a solution.

A Conceptual Model of Staff Turnover

The process of identifying critical factors related to staff turnover is a complex process. Some of the basic considerations involve the needs, aspirations, and preferences of individual staff members, the influence of the social organization and conditions of work which affect employees in the work place, and finally, the changing social and economic climate within a particular community.

For direct-care staff, the group home is a work place. There are many factors related to the interaction between a staff person and the

work environment which can affect job satisfaction. In turn, this interaction influences the type of environment created for the people who live in the home.

A model useful in conceptualizing this interaction has been developed by Cherniss (1981). Cherniss suggested that three important variables related to staff are attitudes toward clients, motivation, and job satisfaction. First, the attitude of staff toward clients is related to the values and beliefs held by staff members toward mentally handicapped people. Second, motivation refers to the effort and energy which staff members expend in relation to their interaction with residents and their work within the home. Attitude and motivation are closely related. A number of studies have shown that, when staff motivation is reduced, expectations about clients' progress also goes down (Stotland & Kobler, 1965; Schwartz & Will, 1961). Third, job satisfaction interacts with attitude and motivation. Salary, opportunities for advancement, working conditions, and relationships with other staff and clients are only some of the variables affecting the level of satisfaction staff members derive from their work.

The work setting also influences staff. Cherniss looked at the work setting from the perspective of role structure, power structure, and the normative structure. Role structure refers to the functions staff perform in the group home. What functions take priority? Is keeping the home clean considered to be more important than spending time interacting with clients? Are roles specialized, or do all staff participate in all aspects of group home activity? Role structure is directly related to job satisfaction. Where roles are ambiguous or in conflict, staff dissatisfaction increases (Kahn, Wolfe, Quinn, Snoek, &

Rosenthal, 1964).

The second element of organizational design is power structure. Power structure refers to the way in which power and authority are allocated within the residential setting. Lack of staff participation in decision-making appears to contribute to low job satisfaction (Cherniss & Egnatios, 1978a). Conversely, increasing staff participation in decision-making may improve the quality of decisions made in the group home (Goldenberg, 1971).

Finally, normative structure refers to the value base on which the home is organized. When the staff norms, values, and goals are congruent with those of the group home, increased job satisfaction is likely to result (Allen, Chinsky, & Veit, 1974). Bjaanes and Butler (1974) characterized the normative structure of programs for the mentally retarded as either custodial, therapeutic, or maintaining. One of the goals in the recruitment of staff members would likely be to select people whose value base is compatible with the normative structure of the program where the individual will be working.

The model proposed by Cherniss is useful in describing some of the interconnecting variables contributing to job satisfaction. Most of the existing research in the area of staff turnover fits this model.

The Relationship of Job Satisfaction to Staff Turnover

Porter and Steers (1973) provided a comprehensive review of the literature relative to the relationship between employee turnover, absenteeism, and job satisfaction in a variety of work situations. Over 60 studies were included in this review. In general, the literature review showed that higher rates of job satisfaction were consistently related to lower rates of staff turnover and absenteeism. Although the

literature review by Porter and Steers did not focus on employees in human services, many of their conclusions apply to most work situations.

Job satisfaction was defined as "the sum total of an individual's met expectations on the job" (Porter & Steers, 1973, p. 169). The more expectations met, the higher the job satisfaction. In general, staff who felt their expectations had been met were likely to remain in a given job while staff who felt their expectations in the work place had not been met were likely to leave.

Porter and Steers categorized factors affecting staff turnover into four categories. These were (a) organization-wide factors, (b) immediate work environment factors, (c) job content factors, and (d) personal factors. These categories, described in the following paragraphs, are not unlike those presented by Cherniss (1981) in his organizational model of factors influencing staff turnover in group homes for the mentally handicapped. Cherniss did not discuss external factors such as local economic conditions or the availability of alternative work opportunities although they are acknowledged as important contributing factors to staff turnover rates.

Organization-wide factors included variables such as rates of pay, opportunities for promotion, and the size of the organization. While rates of pay and promotions were important in retaining employees, it was even more important that staff perceive these rewards as being dispensed equitably. Staff appeared to want to know what the rules of advancement within the company were and then be assured that those rules were applied in a fair and equitable manner. The size of organization was not found to be related to staff turnover but absenteeism was higher in larger organizations.

Immediate work environment factors were those related to the work situation in which the employees operate. This includes factors like the way in which supervision is provided, the size of the work unit, or the nature of the peer group's interaction. The type of supervision was clearly a factor affecting staff turnover. Where staff felt supervision was overly authoritarian, lacking consideration for the staff, or treating staff unfairly, higher rates of turnover could be expected. Other factors related to supervisory style which appeared to increase staff turnover included a lack of managerial experience on the part of the supervisor and a failure by the supervisor to provide the amount and type of recognition and feedback expected by employees.

Porter and Steers reported that absenteeism and staff turnover were positively correlated with the size of the work group. This relationship was most evident among blue collar employees. It was suggested that employees in larger groups might feel that their personal expectations were less likely to be met and would withdraw from the work place as a result.

The interaction of the peer group at work can also influence staff turnover. Generally, studies reviewed by Porter and Steers showed that staff who felt included in the group or rated their peer relationships as satisfactory were less likely to terminate employment. Co-workers could provide the type of support and reinforcement that encouraged fellow employees to continue employment. Alternatively, co-workers could express rejection or lack of support resulting in alienation of a fellow employee from the work place.

Another area of interest to researchers concerned with staff turnover related to the regular duties and activities of an employee. Porter and

Steers also reported that numerous studies have shown that dissatisfaction with the nature or content of a job results in higher rates of staff turnover. The issue of employee expectations is also relevant to satisfaction with job content. Employees who perceived themselves as moving into jobs or positions which met their expectations were likely to remain with an organization while employees who perceived themselves as moving away from jobs which matched their personal expectations were more likely to leave. The literature also showed that staff who felt their talents or training were not being utilized or that the work being done was not important were more likely to withdraw.

Conclusions regarding staff turnover related to the repetitive nature of a job were very tentative. Although there were data to suggest that higher rates of turnover were associated with routine and fractionalized jobs, other factors such as working conditions, group pressure, and rates of pay were credited with having a greater influence in determining employee stability. Simply enriching or making jobs more complex were not effective in reducing staff turnover. Two factors which did increase employee stability were increased job authority or responsibility and increased role clarity.

Porter and Steers (1973) also reviewed a number of studies that looked at the relationship between personal factors and job turnover. As expected, older employees tended to stay with the same employer for longer periods of time. One of the best ways to predict which employees would stay was the length of service that employee had given the previous employer. The data supported the stereotyped image of some staff being "job hoppers." The literature review by Porter and Steers also indicated that people who worked in jobs that matched their vocational interests

were more likely to remain with the same job than people who were not interested in their jobs. Other characteristics associated with long-term employees were emotional stability, maturity, sincerity, strong job identification, and moderate achievement expectations. Individuals who manifested characteristics near polar positions at either end of many personality trait continua tended to be short-term employees. People who were very aggressive or had high needs for achievement or independence were more likely to withdraw from employment than people who were closer to the average. By the same token, people who were unstable emotionally and who had high levels of anxiety were not likely to remain with an employer for a long period of time.

Family size and the nature of family responsibility were also studied with reference to staff turnover. Porter and Steers (1973) reported that, with young females, an increase in family size was related in increased tendencies to withdraw from employment. The inverse was true for young males. Women whose children were grown or required less attention consistently had lower turnover rates than women with dependent children. This was attributed to the demands children placed on their mothers.

Factors contributing to staff turnover are numerous and complex. In general, the Porter and Steers (1973) literature review suggested that job satisfaction was a critical factor contributing to low rates of staff turnover. Job satisfaction was largely dependent on an employee's perception of how personal needs and expectations were being met. An employer who failed to meet an employee's needs and expectations was likely to have high rates of staff turnover.

Job satisfaction of staff employed in residential services. Job satisfaction among staff employed in residential services for people with mental retardation is an important issue related to the problem of high rates of staff turnover in these facilities. One of the first studies on this subject found that an employee's satisfaction with the employing agency was far more important in determining overall job satisfaction than the individual's commitment to the field of mental retardation. Involvement with clients was cited as a source of both satisfaction and dissatisfaction by the staff. However, where issues like "lack of client progress" were an area of dissatisfaction, staff tended to blame either the client or the agency for this failure (Sarata, 1974).

A more recent study found that staff working with individuals having profound mental handicaps in both community residential and hospital-type settings generally expressed positive attitudes toward their jobs and toward the residents with whom they were involved. These positive attitudes were similar between both groups of staff and did not vary relative to the level of clients being served (Silver, Lubin, & Silverman, 1984).

A study by Holburn and Forrester (1984) dealt with a similar issue. Employees in a state residential facility for people with mental retardation were surveyed to determine if job satisfaction was primarily dependent on extrinsic or intrinsic work related factors. Extrinsic job satisfaction was defined as coming from factors external to the actual job and included agency controlled reinforcers such as pay, praise, and advancement opportunities. Intrinsic job satisfaction was defined as coming from the performance of duties, tasks, and activities associated

with the job itself. Both types of job satisfaction were assessed in relation to employees' perceptions of organizational climate and job characteristics. The Holburn and Forrester study (1984) found that extrinsic job satisfaction was far more important than intrinsic job satisfaction on variables pertaining to organizational climate (factors controlled primarily by the employer). The organizational climate factors having the greatest weight in the correlational study were related to the presence of fair "rewards" for good work, the presence of "organizational clarity" (a well organized system that people can understand), and the absence of "constraining conformity" (the degree to which employees feel there are rules and procedures which govern the work place). Constraining conformity was negatively correlated to job satisfaction while the other two factors were positively correlated.

The Holburn and Forrester study (1984) found that extrinsic and intrinsic job satisfaction ratings were very similar for variables pertaining to job characteristics. The job characteristics having the greatest influence of both extrinsic and intrinsic job satisfaction were "decision frequency" (being involved in making decisions), "satisfaction with materials" (adequate materials and supplies to work with), "resident contact" (involvement with mentally handicapped residents), and "clarity of instruction" (getting clear directions from the supervisor). These factors were all positively correlated with job satisfaction.

Although the factors contributing to job satisfaction are complex, the authors of this study suggested that employers need to concentrate their remedial efforts on factors they control. Primary areas for attention involved reducing the number of rules and procedures preventing

independent staff action (constraining conformity), increasing the frequency of staff decision-making, and increasing clarity of instruction from supervisors to staff. These actions are considered primary because they relate strongly to both extrinsic and intrinsic job satisfaction. Ensuring organizational clarity, rewarding staff for good work, and providing satisfactory materials for staff to work with are other issues which also contribute to job satisfaction. These are secondary issues since they are only related to extrinsic satisfaction. Issues related only to intrinsic satisfaction would be considered last since intrinsic factors are least important in determining overall job satisfaction.

Studies by Zaharia and Baumeister (1979a, 1979b) examined staff turnover and job satisfaction among direct-care staff in public residential institutions. The staff in these facilities were responsible for basic care, training, recreation, and discipline of the residents. Absenteeism and turnover were considered to be indicators of job dissatisfaction as well as organizational dysfunction. Zaharia and Baumeister (1979b) found that the monthly absenteeism rate was 2.4% and the monthly staff turnover rate was 6.7%. This meant that, on an annual basis, almost one third of the staff had to be replaced. In a related study (Zaharia & Baumeister, 1979a), staff job satisfaction was found to be associated with smaller staff size, appropriate staffing patterns, and opportunities to work in coed residential units. Although the research done by Zaharia and Baumeister was done in institutional settings, their conclusions drew attention to the important role which the organizational patterns and management practices play in determining employee job satisfaction and staff turnover.

One of the most important studies related to direct-care staff

turnover examined 75 public and 161 nonpublic residential facilities for persons with mental handicaps (Lakin, Bruininks, Hill, & Hauber, 1982). This national study used a stratified random sample based on residential size and location. The study found that, in public residential facilities, the factor with the most direct relationship to staff turnover was the local unemployment rate. High unemployment rates were associated with low rates of staff turnover. Also, starting rates of pay were an important factor related to staff turnover.

An inverse relationship existed when types of clients being served was considered. Group homes with lower functioning residents had lower rates of staff turnover. This finding was inconsistent with that of previous research.

In large nonpublic facilities (more than 65 residents) the most important factors related to staff turnover were the local unemployment rate, starting salary, and the number of direct-care staff employed in the facility. The more staff, the higher the turnover rate. In small, nonpublic facilities (less than 65 residents), starting salary and number of staff employed in the facility were moderately related to staff turnover.

The Lakin, Bruininks, Hill, and Hauber (1982) study also looked at the relationship between numbers of administrative personnel and numbers of direct-care staff. The study found that a higher ratio of administrative personnel to direct-care staff was associated with higher rates of staff turnover. This finding was consistent across all settings studied.

Lakin, Bruininks, Hill, and Hauber (1982) also found that, although average rates of staff turnover were higher in nonpublic facilities than in public facilities, the median length of service in various types of

facilities had a distinctive pattern. Staff who left public facilities were likely to have worked in that setting longer than staff who left nonpublic facilities. Staff who left small group homes were more likely than in any other setting to have stayed on the job for at least one year. However, the chances of staying in small group homes longer than one year was less likely than in other types of facilities. The researchers attributed this interesting finding to the extensive use of the live-in staffing model in small group homes. While staff might be willing to live-in for a short period of time, few staff appear to be satisfied with such a living and working situation for an extended period of time.

The types of employees who left their jobs was also studied by Lakin, Bruininks, Hill, and Hauber (1982). These researchers found that staff turnover was not related to the perceived quality of the employees. The number of employees rated "excellent" and "poor" who left their jobs were about even. This finding would suggest that staff turnover is not a method which serves to improve staff quality since as many good staff as poor staff had left employment.

Lakin, Bruininks, Hill, and Hauber (1982) found about half of the reasons which staff gave for leaving employment in residential facilities for the mentally handicapped were directly related to job satisfaction. About 15% of the separations were related to personal or family problems on the part of staff. Dismissal by the employers accounted for another 14% of the turnover. Staff illness or death, further education, leave of absence, and retirement or layoffs were the other reasons staff gave for termination of employment.

Another study which explored factors related to staff turnover in

group homes for the mentally handicapped used a random sample of 21 residential service operators in the state of Tennessee (George & Baumeister, 1981). Comparisons were made between small and large agencies. Small agencies were defined as those having a single residential unit accommodating ten or fewer residents. A large agency was defined as one having more than one residential unit and providing service to more than ten residents. The sample of small and large agencies included 47 separate living units providing service to a total of 401 residents. The staffing model generally used in community group homes in Tennessee was a houseparent or live-in model.

The George and Baumeister (1981) study found that one-third of the full-time house managers who left an agency were dismissed. The primary reasons for leaving voluntarily were to accept a better paying job or dissatisfaction with the present job. For relief house managers, only 9% were dismissed from their positions while 32% of those who left voluntarily indicated they were leaving in order to accept a better paying job. Dissatisfaction with their present job was cited as the reason for leaving by 27% of those leaving.

Multiple regression analysis of predictor variables used by George and Baumeister (1981) indicated that residential facilities having residents with lower I.Q. scores had higher staff turnover rates. Also, severe client behavior problems were positively correlated with higher rates of staff turnover. Measures of staff job satisfaction revealed no significant differences between large and small agencies. The factors rated as least satisfactory by residential staff were rates of pay and opportunities for promotion.

George and Baumeister (1981) also reported that full-time residence

managers in both small and large organizations worked an average of 20 overtime hours per week for which they were not compensated. This lack of compensation likely contributed to job dissatisfaction. The most satisfying aspect of working in residential programs for the mentally handicapped were reported to be relationships with co-workers.

The conclusion reached by George and Baumeister (1981) was that problems of staff turnover were most often the product of weak or dysfunctional organizational systems. Residential services, like any other business, requires an effective organization and good management in order to be successful. The researchers noted that 75% of the residence supervisors felt that job expectations clearly exceeded the resources and skills available to do the job.

George and Baumeister (1981) reported other evidence of the casual manner in which community residential services were managed. Fewer than half the staff surveyed had job descriptions; staff orientation and in-service training was, at best, episodic; personnel policies were applied inconsistently; communication systems were not well developed; time-off for staff was often not available; and personnel evaluations tended to be informal.

Although community operators develop residential services for the benefit of mentally handicapped people, obviously service quality can be adversely affected when the needs of direct-care staff are not met. Effective personnel administration is one of the keys to providing quality community residential services. Group homes are a business and the application of business-like methods of operation are needed to enhance service quality.

It would appear that there has been a reluctance on the part of

residential operators to adopt a business-like approach to service delivery. It may be that a business-like approach has been generally perceived as institutional and in conflict with the creation of a home-like environment. Unfortunately, inexperience on the part of program operators (Wehbring & Ogren, 1975; O'Connor, 1976), along with the misguided assumption that group homes are simply replacements for natural family homes (Bruininks et al., 1980; Seltzer & Seltzer, 1977), appears to have resulted in too casual an approach to the administration of community-based residential services. This attitude on the part of service operators failed to recognize the importance of direct-care staff in the delivery of quality services (Zigler & Balla, 1977) and also failed to appreciate the staff perspective of the group home as a work environment (Cherniss, 1981).

In commenting on the poor quality of some residential programs, Landesman-Dwyer, Stein, and Sackett (1978) stated, "In effect, the movement to small community-based facilities may be viewed as a large scale, poorly controlled human experiment, guided by the good intentions and economic considerations of politicians, planners, parents and professionals" (p. 349). The fact that the community group home model has been so successful in spite of the lack of good planning and management is a testimony to the efficacy of this model of service delivery.

The studies discussed support the idea that the administrative procedures and practises of an agency play a vital role in establishing the level of job satisfaction within that organization. Although the administration of an agency does not control all the factors influencing job satisfaction among the staff, there would appear to be many

administrative actions that can be taken to increase job satisfaction and reduce staff turnover.

Characteristics of Direct-Care Staff

Through the early years of the development of community-based residential services, live-in houseparents were the predominant staffing model. This model of staffing group homes contributed to high rates of staff turnover. The problems with this model included a continuous demand being placed on the time and energy of the staff. Even during time-off, if it was available, live-in staff tended to feel responsible and under some obligation to provide service if it was needed. The major problems of live-in residential staff were reported to be a lack of free time, neglect of other family members, adverse reactions from relatives, and a lack of adequate support services (Bruininks, Thurlow, Thurman, & Fiorelli, 1980b). Although the live-in houseparent model was intended to provide mentally handicapped residents with a more stable and home-like environment, the result more often was repeated disruption due to staff discontinuity. Another problem pointed out by Seltzer and Seltzer (1977) was that the difficult nature of live-in houseparenting made recruitment of competent staff very difficult. As a result, group home operators often had to settle for anybody willing to accept a live-in position rather than selecting those who were most qualified.

The types of people who became live-in group home staff were characterized by Seltzer and Seltzer (1977) as young, transient, and poorly trained. This view was supported by a study involving 92 randomly selected live-in staff in a large residential service agency for the mentally handicapped in the state of Wisconsin (Slater & Bunyard, 1983). The agency's minimum qualifications for employment in a live-in position

was high school graduation or being over 21 years of age. These live-in staff persons were paid minimum wage and the average length of employment was reported to be 14 to 16 months. Almost half of the staff surveyed felt their primary role in the group home was to provide maintenance of the facility and basic supervision of the residents. Fewer than 25% of the staff indicated that resident training was a primary responsibility.

In general, Slater and Bunyard (1983) felt that staff attitudes were not conducive to promoting growth and development on the part of residents. Staff could identify training needs on the part of mentally handicapped residents but their ability to define or provide examples of training technology was described as minimal. The staff, however, appeared to have a reasonable understanding of the concept of advocacy. Slater and Bunyard concluded that live-in staff were able to describe the training that was needed by residents but did not possess the skill necessary to provide the training. Furthermore, staff tended to feel that training was not their responsibility. There can be little doubt that a combination of underqualified and poorly compensated staff, living and working in a very stressful and demanding setting, is very likely to produce job dissatisfaction and high rates of staff turnover.

A more optimistic description of residential staff skills and qualifications emerged in a 1980 study that included 2,800 people employed in group homes in New York State (Janicki, Jacobson, Zigman, & Gordon, 1984). In this study only 16% of the staff had live-in positions. This finding may help to explain why this group of staff was better educated and worked for longer periods of time than those previously described. It is assumed that removing the live-in requirement for prospective employees would result in a larger pool of eligible applicants.

This, in turn, should allow the employer to be more selective in staff recruitment. The study found that 61.1% of the staff had at least two years of college. Of the direct-care staff, 43.4% were college graduates. Of the residence managers, 58.5% were college graduates. Also, the staff were more experienced than those previously described by Slater and Bunyard (1983). On the average, staff had 5.19 years of experience working in the field of developmental disabilities (median 4.4 years).

The average age of the staff was 31 years and the median was 27 years. The staff were predominately female (67%) although males were disproportionally represented in manager positions. Younger staff were generally better educated than older staff. Salaries were comparable to wages being paid in other human service agencies. Janicki et al. (1984) reported that, on the average, staff had been with their current employer for close to three years. This finding is encouraging and suggests that some models of service delivery, coupled with more effective systems of organization and management, may result in increased job satisfaction and reduced rates of staff turnover.

Summary of Job Satisfaction and Staff Turnover

During the past twenty years the focus of service delivery for people with mental handicaps has shifted from almost total dependency on an institutional model to an increasing utilization of community-based services. The fact that institutions continue to exist is primarily an issue of logistics rather than philosophy. The main reasons for the development of community-based alternatives were to allow people with handicaps to experience greater independence and a more normative lifestyle. Unfortunately, many of the same problems which reduced service quality in institutions were also identified in community programs. Job

dissatisfaction and high rates of staff turnover were problems common to both institutional and community-based service delivery systems. In evaluating the evolution of community-based residential services, it would be reasonable to suggest that efforts to improve service quality have relied too heavily on changes in facility size and location rather than on a recognition of the critical role direct-care staff play in determining service quality.

Job dissatisfaction and high rates of staff turnover are chronic problems which have decreased service quality and increased service costs in community residential programs for people with mental handicaps. Although this issue has not been studied extensively, there have been a number of important findings. Some of the general conclusions from the literature on the subject of staff turnover in community-based residential facilities suggest the following points.

1. Job satisfaction is an important factor related to staff turnover.

2. The live-in staffing model appears to be associated with high rates of staff turnover.

3. The live-in staffing model appears to be associated with staff who have less experience and training than staff employed in facilities using a shift staffing model.

4. Turnover rates appear to be generally higher in private agencies as compared to government agencies.

5. Staff turnover appears to be related to weak or dysfunctional organizational systems.

6. The most likely time for a staff member to leave a job is during the first two months of employment.

7. People who score abnormally high or low on tests of personality

characteristics tend to be short-term employees.

8. According to employer ratings, about the same number of "good" and "poor" employees leave an agency over any given period of time.

9. Some of the factors which seem to be associated with high rates of staff turnover are large numbers of staff employed in a facility, employing staff who have an unstable work history, increasing ratio of administrative staff to direct-care staff, and recently opened facilities.

10. Some of the factors which seem to be associated with low rates of staff turnover are older staff and high rates of local unemployment.

11. There is conflicting evidence regarding the size of resident groupings and the influence resident characteristics such as level of functioning have on staff turnover.

Job dissatisfaction is generally regarded as the issue of greatest importance in determining rates of staff turnover. This subject has been studied extensively in many different industries. Some of the findings from these studies appear to be relevant to community-based residential service systems. The following are some of the factors contributing to job dissatisfaction identified in other industries. Job dissatisfaction appears to increase when employees:

(a) feel that wages and other rewards are not distributed fairly;

(b) feel that the type of supervision being given is unfair, authoritarian, or inconsiderate;

(c) feel that the supervisor is inexperienced;

(d) feel that supervisors provide inadequate feedback or recognition;

(e) experience poor relationships with co-workers;

(f) do not like the content of the job;

(g) do not have an interest in the work being done;

(h) feel unable to achieve personal objectives; and

(i) feel their expectations pertaining to a job are not met.

A limited number of studies have been specifically intended to identify factors staff employed in community-based residential facilities feel contribute to job satisfaction. Some of the important conclusions from these studies suggest that job satisfaction will increase when staff:

(a) have a feeling of general satisfaction with the employing agency;

(b) have a feeling that the agency provides fair rewards for good work;

(c) have a feeling that the agency is well organized;

(d) have a feeling that the agency does not limit employee independence with too many restrictive rules and regulations;

(e) have greater involvement in decision making;

(f) feel satisfied with work related materials and supplies;

(g) feel that instructions from supervisors are clear;

(h) have more contact with residents;

(i) have good relationships with co-workers; and

(j) see residents making progress.

Job dissatisfaction and high rates of staff turnover are not problems unique to the human service industry. Unfortunately, in human services, the cost of these problems must be measured in more than just economic terms. The problem of job dissatisfaction and staff turnover has been of particular concern in community-based residential systems serving people with mental handicaps. Efforts to improve service quality for people by moving them out of institutions have often been frustrated

by staffing problems in the community-based facilities into which these handicapped individuals were relocated.

There are many factors which contribute to job dissatisfaction and staff turnover. Some of the contributing factors cannot be controlled by the operators of community-based residences. However, the literature clearly indicates that employers control many of the critical variables associated with job satisfaction and staff turnover. The identification and remediation of agency controlled factors reducing service quality as a result of employee job dissatisfaction and turnover is one of the most important roles for responsible administrators of human services.

Questionnaires

Questionnaires are a frequently used research tool employed to collect factual information and opinions. Since important decisions are often based on the results of questionnaires, it is imperative that sound survey techniques be used in the development and use of these research instruments.

According to Clover and Balsley (1984), there are four conditions which must exist before a satisfactory survey can be planned. These conditions include: (a) a clear articulation of the specific information which the project requires and the way in which the findings will be used, (b) evidence that a questionnaire survey is the best technique for collecting the required information, (c) the establishment of parameters for the survey, and finally, (d) the selection of the most appropriate questionnaire survey technique (mail, personal interview, or telephone).

The underlying assumption in the use of questionnaires in research is that the respondent can and will give truthful answers (Berdie & Anderson, 1974). Problems with the design of the questionnaire, dishonest

or misinformed respondents, and the difficulty in maintaining experimental control are some of the factors producing inaccurate responses. For these reasons a questionnaire should only be used when other more objective methods of data collection are not possible (Hayman Jr., 1968). One appropriate and frequently used application of the questionnaire has been the collection of descriptive data or opinions people can provide from their own experiences.

It is difficult to set down specific rules applying to the use of questionnaires in research since questionnaires are used in many ways for many different reasons. It is important to note, however, that every study utilizing a questionnaire format is unique and needs to be tailored to accommodate the individual characteristics of the study (Berdie & Anderson, 1974).

A questionnaire can be presented in a number of forms including personal interviews, telephone interviews, or mail surveys (Clover & Balsley, 1984). There are advantages and disadvantages to each method. These factors must be evaluated in order to select the form most appropriate for each study. The following comparisons of the advantages and disadvantages of all three survey methods is taken from Clover and Balsley (1984).

Personal interview. Some of the advantages of personal interviews for data collection include the following points.

1. An interview can ensure that questionnaires are completed.

2. Accuracy of respondents understanding of questions can be checked and response accuracy can be verified.

3. Additional observational information can be obtained during the interview.

4. Information can be obtained from people who could not respond to mail or telephone surveys.

5. Some judgements can be made regarding the accuracy and dependability of responses.

Some of the disadvantages of personal interviews for data collection include the following points.

1. Interviews are very time consuming.

2. Interviewers can bias responses.

3. Interviews tend to be an expensive method of research because of the time required.

4. Respondents may be more reluctant to share personal information in an interview situation.

5. Variables associated with the interview might antagonize the respondent and reduce cooperation.

6. Only readily available information can be solicited.

Although the personal interview is generally considered to be the best survey method, it is not always the most appropriate. The following are some of the main conditions supporting a decision to use a personal interview to gather data:

(a) when supplementary information is required in conjunction with other types of surveys;

(b) when the quality of information is of particular concern;

(c) when competent interviewers are available;

(d) when sufficient time and money is available;

(e) when the questions are not likely to cause embarrassment to the respondent; and

(f) when in-depth information is required.

Telephone survey. Some of the advantages of telephone surveys for data collection include the following points.

1. Many contacts can be made in a short period of time.

2. Calls can be placed at strategic times.

3. The cost of using a telephone is generally low.

4. Lists of people to call are easily accessible and addresses are usually included.

5. The telephone directory lends itself to random sample procedures.

6. Telephone calls can access people who would not be available for other types of surveys.

Some of the disadvantages of telephone surveys for data collection include the following points.

1. Only those people with telephones can be contacted.

2. The amount of information which can be obtained on the telephone is very limited.

3. The type of information exchanged must be simple.

4. Verification of the respondent's identity or classification is difficult.

A telephone survey is probably the most reasonable method of data collection when the following conditions are present:

(a) when the population to be surveyed or sampled consists of people listed in a telephone directory;

(b) when the questionnaire consists of less than approximately six simple questions which require a very brief response;

(c) when there is a need to collect the information in a short period of time;

(d) when the subject of the questions is likely to be of great

interest or importance to the respondent;

(e) when observation of the respondent is not necessary to verify classification data; and

(f) when supplementary information is required in conjunction with other survey methods.

Mail questionnaire. Some of the advantages of the mail questionnaire for data collection include the following points.

1. People who are widely scattered over a large geographical area can be contacted.

2. The cost of such a survey is generally low.

3. Respondents can be contacted at home or in the work place.

4. Respondents can take as much time as necessary to complete the questionnaire.

5. The absence of an interviewer removes a potential source of bias.

6. The respondent produces the answer directly onto the questionnaire so translation errors by interviewers are eliminated.

7. Information can be presented visually allowing for greater sophistication in the presentation.

8. Anonymity can be easily preserved by the use of unsigned or uncoded responses.

Some of the disadvantages of mail questionnaires for data collection include the following points.

1. The response rate can be quite low.

2. Respondents can make mistakes or omit parts of the questionnaire for many reasons including misunderstanding.

3. Only people who can read or write are able to respond.

4. Extra efforts are required to help improve response rates.

5. Current and accurate mailing lists of potential subjects may be difficult to obtain.

6. Clarification of questions or responses is not possible.

7. Observational data are not available.

8. The representativeness of a sample may be difficult to verify.

Clover and Balsley (1984) suggest that the existence of the following conditions would favor the use of a mail questionnaire:

(a) when the information required lends itself to a simple type of response by the respondent;

(b) when the respondents are a class of people likely to respond to a mail questionnaire;

(c) when the population to be surveyed is relatively homogeneous in terms of variables such as education, vocation, or economic conditions;

(d) when suitable mailing lists can be obtained;

(e) when supplementary information is required in conjunction with other survey methods;

(f) when there are adequate funds available to conduct such a survey; and

(g) when time permits the use of this lengthy process.

Every study utilizing a survey requires a careful analysis of the advantages and disadvantages of each method. In some cases, a combination of methods may need to be considered. No matter which survey method is selected, it is very important for the researcher to prepare a questionnaire that presents the questions to be asked in a clear and systematic manner to each respondent.

Preparing the questionnaire. Before a researcher begins the task of constructing a questionnaire, it is imperative that the goals of the

study are clearly understood. Being thoroughly familiar with the research topic and the characteristics of the population to be surveyed are also important prerequisites. A realistic budget of time and expenses should also be prepared (Berdie & Anderson, 1974).

Many types of questions can be used in a survey. These have been discussed by Clover and Balsley (1984). An open question requires the respondent to supply a response. An example of an open question would be, "What do you think causes job dissatisfaction in community group homes?" This type of question encourages the free and unbiased expression of individual opinions but can also result in poor quality responses. There can also be difficulty in classification, interpretation, and analysis of open question responses.

The most common type of question is the two-way or dichotomous type. These questions have only two possible responses such as yes or no, true or false, more or less, or male or female. An example of a dichotomous question would be, "Do you own your home?" Care must be taken to include other possible responses such as "undecided," or "neutral," if these represent a viable alternative to the dichotomous choice. These types of questions are usually quick and easy to answer and analysis or classification is simple. Some of the disadvantages of dichotomous questions are that few questions can be answered accurately when only two choices are presented and the intensity of the response is not reflected.

Multiple choice questions are an extension of the dichotomous question format. The difference is in the increased number of possible responses offered. In using multiple choice questions, it is very important to ensure that the list of responses is exhaustive and that

the answers are not ambiguous or overlapping. The following is an example of a multiple choice question; "How many residents live in the group home where you are now employed?" (a) three or less, (b) four, (c) five, (d) six, (e) more than six. Derogatory or emotionally loaded answers should be avoided in order to help prevent a biased response. Also, the pool of answers must be logically and psychologically consistent. The responses to multiple choice questions are generally easy to classify and analyze.

The declarative question is also considered to be a multiple choice question (Clover & Balsley, 1984). For this type of question, the respondent is asked to respond to a statement. Indications of agreement or disagreement with the statement or a rank order may be requested. The following is an example of a declarative question; "Check the statements you agree with." (a) ___ group homes should not have more than three residents, (b) ___ everyone in a group home should have a private bedroom, (c) ___ residents in a group home should all be of the same sex, (d) ___ residents in group homes should have a say in who works there.

Alternately, an estimate of the strength of the agreement or disagreement with the statement may be required. This type of response is called a scaled response. The advantage of a scaled response is that it results in interval data permitting the use of parametric statistical analysis. Fill-in responses and checklists are limited to producing nominal data while ranked responses produce ordinal data.

One of the most frequently used response scales in questionnaire construction is the Likert Scale. There are five points in a Likert Scale and the intervals between the points are assumed to be equal.

Data obtained from a scale having equidistant points are interval data. A Likert Scale can produce interval data. The Likert Scale is typically used to measure the extent of the respondent's agreement or disagreement with a given statement. Numerical values can be assigned to the points on a Likert Scale. These data can then be statistically analyzed. In addition to the analysis of questionnaire responses using the response scale, some useful information can be generated by simply counting the frequency of particular responses or comparing response patterns (Tuckman, 1978).

Considerable care must be taken in writing the questions for a questionnaire. Although this task has been analyzed in great detail by Payne (1951), a summary of this work by Jacobs (1970) or briefer treatments by Woodward and Chambers (1980), or Clover and Balsley (1984), are useful in learning to ask good questions. Questions which suggest or encourage a particular response are called leading questions and should never be used. Ambiguous or misleading questions must also be avoided. Questions should be stated as simply as possible. Simplicity will help to avoid double questions which are actually two questions that should be asked separately. Questions which can be answered in a number of ways, depending on the respondent's interpretation of the question, also need to be avoided.

In writing the questions, the researcher should use words which are as simple as possible, as accurate or precise as possible, as unbiased as possible, and as neutral as possible. In setting up the order of the questions in the questionnaire, the researcher should be aware of the need to arouse and maintain the interest of the respondent and to have the questions follow a logical progression.

There are many characteristics of good questions. Payne (1951) has provided a checklist of some 100 considerations which could probably be expanded. The primary considerations suggested by Payne's checklist are that the researcher must first know his subject and his research goals and then proceed to write, test, and rewrite questions until they are as concise, specific, and as neutral as possible.

Reliability and validity. The reliability and validity of a questionnaire are critical issues of concern to all researchers who utilize this method of data collection. Reliability is the consistency and accuracy of results a test instrument will produce (Downie & Heath, 1970). Reliability means that a respondent answering the same question at different times should respond the same way if the situation is the same. Inconsistencies across respondents, or for reasons unrelated to the purpose of measurement over time, constitute errors of measurement and reduce the level of confidence which can be attributed to the test results (Fowler, 1984; Helmstadter, 1964). The most important consideration in developing reliable questionnaires is to develop good questions. Fowler (1984) suggested that the following properties apply to well-written, reliable questions.

1. The question and answer process is fully scripted so that the expectations of the researcher are clear.

2. The question means the same to every respondent.

3. The type of response constituting an appropriate answer is made clear to all respondents.

The following are some of the ways in which the reliability of questions can be strengthened (Fowler, 1984).

1. Make sure that questions are complete and specific.

2. Use optional wording (a parenthetical word or phrase) if necessary. For example, "What is the average age of all adults (people 18 years or older) in your home?"

3. When using optional wording, make sure that the alternatives are parallel. For example, "How many residents live in that community-based residential facility (group home)?"

4. Use simple, short words that are generally understood across populations.

5. Define all terms that are likely to be misunderstood.

6. Have standardized response categories if possible. This means that the range of possible responses is limited as in multiple choice questions. This will reduce response ambiguity.

7. Avoid "why" questions if possible. The open-ended nature of these questions often make responses difficult to interpret.

8. Specify the type and scope of response required.

Attention to these concerns will help improve the reliability of a questionnaire.

Validity relates to whether or not a question or test actually elicits the intended information. According to Cronback and Meehl (1955), there are four basic types of validity. These are predictive validity, concurrent validity, content validity, and construct validity. In general, construct validity can be considered as the most important kind of validity with other types of validity being thought of as subsets (Loevinger, 1955). Construct validity should produce results or scores consistent with all the theoretical expectations of the construct being measured. Cronback and Meehl (1955) suggested that there are a variety of ways in which construct validity can be investigated. Some of these

methods include the comparison of group differences, correlational studies, studies of internal structure or homogeneity, studies of change over time, and finally, observational studies of performance. Since tests can only provide samples or signs of the construct being measured, it is important that all items on the test be consistent with the theoretical expectations of the construct. Therefore, the selection of question content is of primary concern in the development of valid tests or questionnaires.

Even when good questions are asked, there is still a possibility of an invalid response. According to Fowler (1984), there are four basic reasons why respondents give inaccurate answers.

1. They do not know the answer.
2. They cannot remember the answer, although they know it.
3. They do not understand the question.
4. They do not want to report the answer.

Some of the ways in which the validity of questions and answers can be improved are as follows (Fowler, 1984).

1. Only ask questions that the respondent should be able to answer.
2. Encourage recall by limiting the time frame of the question or by asking a number of questions about a single event.
3. Repeat the interview or question at a later date or ask the respondent to keep or consult documents such as a diary in order to assist in improving the accuracy of responses.
4. Avoid asking personally sensitive questions.
5. Avoid biasing or judgmental words or phrases.
6. Consider using self-administered questionnaires in order to reduce social-desirability bias.

7. Be sure that respondents know that answers will be anonymous and confidential.

8. Increase the validity of the questions by ensuring that the questions have high reliability.

9. In subjective questions involving ratings, be sure that the response categories are large enough to be discriminative to the respondents.

10. Ask the same question in different forms to help overcome response sets or biases.

It should be noted that the points raised by Fowler with reference to increasing the reliability and validity of questionnaires are essentially those previously discussed in the context of asking good questions and designing good questionnaires. The researchers efforts to ask good questions and to design a good questionnaire are identical to the efforts required to conduct reliable and valid research.

Summary of Questionnaires

Questionnaires are a tool used to collect information for research purposes. The most frequently used questionnaire methods include personal interviews, telephone interviews, or mail surveys. Each of these methods have particular advantages and disadvantages.

The key to developing good questionnaires is to ask good questions. Some of the most common question formats are open questions, dichotomous questions, multiple choice questions, and declarative questions. The selection of question types and response modes must be made with consideration for the statistical analysis required by the study. Precision in preparing questions will help to increase the validity and reliability of the questionnaire.

Chapter III

Statement of the Problem

This study was designed to obtain information related to staff employed in community-based residences for mentally handicapped people in Alberta. This information was to be used in developing guidelines to assist group home administrators in reducing rates of staff turnover.

Personnel administration is usually one of the important functions carried out by group home administrators. The selection and retention of competent and suitable staff is one of the major challenges facing group home administrators (Bruininks, Kudla, Wieck, & Hauber, 1980). The quality of service provided by community-based facilities is greatly influenced by personnel decisions made by the group home administrator. In Alberta, a data base on issues related to staff employed in community group homes does not exist. Group home administrators must make many decisions regarding personnel policy on information from other countries, other professions, or experience. The important role direct-care staff have in controlling the quality of life for group home residents suggests that a more complete and localized data base may be beneficial. Information based on Alberta's community group homes should help to identify, more clearly, important provincial staff related issues. These findings should assist group home administrators in making better informed personnel policy decisions.

Since the literature from the United States clearly indicated that high rates of staff turnover were among the most critical problems associated with community-based residential facilities, the decision was made to explore this problem in Alberta. Unfortunately, the lack of

information or research pertaining to staff employed in Alberta's group homes made this research project a challenging task. The literature review (Chapter Two) clearly indicated that staff turnover was closely related to characteristics of employees and job satisfaction. The purpose of the present study was to obtain: (a) rates of staff turnover in community-based group homes serving mentally handicapped people in Alberta, (b) a description of the characteristics of staff employed in these facilities, and (c) opinions from those staff on factors they felt contributed to their job satisfaction or dissatisfaction.

Provincial rates of staff turnover are necessary to allow group home administrators to compare and evaluate the staff turnover rates in their agencies against provincial averages. Decisions regarding the magnitude of staff turnover problems could be based on these comparisons. An additional use for information on provincial rates of staff turnover would be to make comparisons with rates of staff turnover in other provinces or countries.

Characteristics of employees are one of the important correlates of staff turnover rates (George & Baumeister, 1981; Lakin, Bruininks, Hill, & Hauber, 1982; Zaharia & Baumeister, 1978; Janicki, Jacobson, Zigman, & Gordon, 1984). A description of the general characteristics of staff employed in community residences serving people with mental handicaps in Alberta would not only help group home administrators interpret variations in staff turnover rates, but would also allow agency comparisons of staff characteristics to provincial averages. Characteristics of staff employed in group homes in Alberta could also be made with group home staff in other provinces or countries.

Job satisfaction and rates of staff turnover are closely related

(Porter & Steers, 1973; Sarata, 1974; Holburn & Forrester, 1984; Lakin, Bruininks, Hill, & Hauber, 1982). Information on factors which staff feel contribute to their own job satisfaction would help community group home administrators identify possible causes of staff turnover within their agency. This information could be used to help plan facilities and systems that promote job satisfaction. This information could also be used to develop personnel policies which reduce job dissatisfaction and result in lower rates of staff turnover.

Information on these three related subjects was not available for community group home staff in Alberta. Therefore, it was necessary to devise a method to collect this information.

Research questions. Seven research questions were developed in order to address the issues of staff turnover and job satisfaction of staff employed in group homes serving mentally handicapped people in Alberta. These questions were:

1. What was the rate of staff turnover in community-based residential facilities in Alberta in 1985?

2. Did rates of staff turnover vary in association with identifiable characteristics of the facilities and their residents?

3. What were the characteristics of staff who worked in community-based residential facilities?

4. What were the opinions of staff employed in community-based residential facilities on some of the controversial issues related to these facilities?

5. How personally satisfied were staff working in community-based residential facilities with factors identified as important in determining job satisfaction?

6. Did the satisfaction of staff working in community-based residential facilities vary in association with identifiable personal or facility characteristics?

7. What were the personal characteristics of staff who contributed to the staff turnover rates in community-based residential facilities in Alberta in 1985?

Delimitations. This study was limited to group homes in Alberta serving people with mental retardation. Mental retardation has a specific definition (Grossman, 1983), but this study did not attempt to impose the definition on respondents. People that were resident in group homes intended to serve people with mental retardation were assumed to be mentally retarded. Group homes included in the study had between 1 and 15 residents. Both government and privately operated homes were included in the study.

Limitations. The mail-out questionnaire format used in this study made responses from all group home administrators and staff impossible to achieve. Also, the validity of the questions used in the questionnaire had not been established prior to this study. The staff questionnaires were distributed to staff by the administrators of residential facilities. Although this method of distribution was effective, the responses by staff may have been affected as a result. Another limitation of the study was the fact that a follow-up letter was only sent to administrators of residential facilities. A follow-up letter to staff may have produced a higher response rate but practicalities prevented this from being done.

Assumptions. This study was based on a number of basic assumptions. These assumptions included the following points.

1. The responses made to mail-out questionnaires are generally reliable and valid.

2. Job satisfaction is related to rates of staff turnover.

3. The rates of staff turnover, characteristics of staff, and staff opinions expressed in this study are representative of the current situation in the province of Alberta.

4. The period of time encompassed by this study did not have any characteristics so unique that findings could be challenged on the basis of atypical situations or events.

Ethical considerations. A sincere effort was made to ensure that responses from administrators and staff were completely anonymous. No identifying codes or marks were made on any of the questionnaires prior to the mail-out and all responses were mailed directly back to the researcher. The only possible way of identifying the origin of any of the questionnaires was by the postmark. This problem was resolved by separating the envelopes from the questionnaires and then destroying the envelopes.

Participation in the study was voluntary. The only incentive offered to respondents was a summary of results of the study. This research project was approved by the Ethics Review Committee at the University of Alberta prior to the commencement of this study.

Implications. The results of this study will be useful to administrators of community-based residential facilities. The descriptive information on staff demographics and rates of turnover will allow administrators to make meaningful comparisons of their agency to provincial averages. The information on staff turnover should also allow administrators to make better informed staff selection decisions with

regard to staff stability. The information on job satisfaction should allow administrators of group homes to develop personnel policies and practices that increase job satisfaction for staff members.

The study will also be of interest to people involved in planning community-based residential services for people with mental handicaps. The opinions of staff employed in group homes should be an important consideration in the improvement and development of residential service options. In addition, the descriptions of staff turnover rates and employee characteristics will be useful to those concerned with manpower training and employment issues.

Possibly the most important implication of this study will be an increased awareness of the important role staff have in the lives of people with mental retardation. The quality of environments for people with mental handicaps are primarily defined by staff who control those environments. Recognizing the importance of staff in shaping good quality environments for people with mental handicaps is an important first step in improving service quality. Selecting and retaining staff that allow service quality to be improved is the second step.

Unfortunately, little factual information about staff employed in group homes has been produced. As a result, decisions regarding group home administration tend not to have an emperical base. The following chapter describes the way in which this study attempted to obtain some basic data about staff that work in group homes for mentally handicapped people in Alberta.

Chapter IV

Method

Facility Sample

A list of all community-based residential services in Alberta was obtained from Alberta Social Services and Community Health. This list was compiled in June, 1985, and listed all facilities receiving government funding. A total of 156 residential facilities accommodating people with mental handicaps and having fewer than 15 residents were identified. In addition to the government, there were a total of 45 community residential service operators represented on the list and included in the survey. The 21 community group homes operated by the government in conjunction with Michener Centre in Red Deer were not included in this study. This study attempted to include all 156 community residential facilities in Alberta. Of these facilities, 18 were operated by government and 138 were operated by community agencies.

Methods of Data Collection

The information required by the study included both descriptive data and personal opinions. Since more objective research methods were not suitable for the collection of data for the study, the survey questionnaire format was chosen. After considering various methods of conducting the survey, a mailed questionnaire format was selected.

The major disadvantage of a personal interview to collect the necessary data for the study was the time and money which would have been required. In addition, it would have been very difficult to overcome the logistical problems of such an approach in a study including all of Alberta. The major problems associated with a telephone survey

for the study was the cost and difficulty in contacting the respondents. The length of the questionnaire and the complexity of the questions also helped to rule out the telephone survey method.

The decision to use a mail questionnaire was based on the following considerations.

1. The population to be surveyed was scattered over a large geographical area.

2. The funds available to conduct the survey were limited.

3. Since the survey was work-related, it could be circulated to respondents at their place of work.

4. Since some of the questions required opinions, respondents could have more time to respond.

5. A mail questionnaire would avoid the need to use an interviewer who might bias responses on sensitive or personal questions.

6. Translation errors would be eliminated.

7. The information would be presented to all respondents in exactly the same form.

8. Anonymity of respondents was an important consideration since questions could produce answers critical of employers.

There were no major disadvantages associated with the use of mail questionnaires that could not be overcome for this study. The potential for a low response rate was one concern. It was anticipated that the topic would be of interest to the respondents and would therefore produce a favourable response rate. A follow-up letter to the respondents was also planned to encourage responses. Concerns regarding the reliability of the questionnaire were addressed by field testing the survey.

The existence of the following conditions favoured the use of a mail questionnaire.

1. The questions required by the study could be answered with a simple response.

2. There was no reason to believe that the respondents would be unable or unwilling to respond to a mail survey.

3. The population to be surveyed would be a relatively homogeneous group in terms of education and vocational considerations. The homogeneity of the group allowed the use of a standardized written questionnaire.

4. Suitable mailing lists were available to conduct the survey.

5. Adequate funds were available.

6. There was adequate time to conduct the survey.

Developing the Questionnaire

The questions developed for the questionnaire were mainly dichotomous, multiple choice, and declarative types. These types of questions were used to facilitate the classification, interpretation, and the analysis of responses. Open questions were generally avoided, not only because they can make analysis of responses difficult, but also because it was anticipated that all alternative responses could be represented. In a few cases, respondents were allowed to supply the answer if the menu of responses provided was incomplete. A Likert Scale was used in conjunction with the declarative questions. This scale allowed the respondents to record the strength of their response to a number of job related issues. This response scale was selected since it is assumed to produce interval data which allows for more sophisticated statistical analysis than ordinal or nominal data.

The questions included in the questionnaire were based on factors identified in the review of the literature (Chapter Two) related to staff turnover. Three main types of information were required for the study. The first type of information was the rate of staff turnover in community-based group homes in Alberta. A questionnaire for group home administrators was developed to obtain this information (see Appendix A). This questionnaire also asked for basic information about the group home so that staff turnover related to group home characteristics could be explored.

The second type of information required by the study involved a description of the characteristics of staff currently employed in community-based group homes in Alberta. A questionnaire for staff was developed to obtain this information (see Appendix B). This information was required to analyze trends associated with job satisfaction and staff characteristics.

The third type of information required by the study was the opinions of staff employed in community-based group homes in Alberta on issues related to job satisfaction (see Appendix B). Staff members were asked to give their personal opinions about a number of issues identified in the literature review (Chapter Two) as variables relevant to job satisfaction. This information was required to analyze factors associated with job satisfaction, staff characteristics, and turnover rates. This information was also needed to compare and analyze staff opinions about personal job satisfaction with factors considered to be important to job satisfaction in general.

The job factors to be included in this questionnaire were primarily selected from research reviewed in Chapter Two (George & Baumeister,

1981; Holburn & Forrester, 1984; Lakin, Bruininks, Hill, & Hauber, 1982; Porter & Steers, 1973; Silver, Lubin, & Silverman, 1984; Zaharia & Baumeister, 1978a, 1978b; Zaharia & Baumeister, 1979a, 1979b). A few additional references were also consulted (Crosby & Schera, 1981; Dehlinger & Perlman, 1978; Lock, 1976; Lombardo & McCall, 1984; MacEachron, Zober, & Fein, 1985; Sims, 1981).

The job factors identified in these studies were used to develop a pool of variables relating to job satisfaction. The job factors related to staff employed in human services were selected from this pool of job variables. These were the job factors used in the questionnaire.

Administration questionnaire. Administrators were asked to complete a questionnaire for each residential facility operated by their agency. In some of the smaller organizations, the position of group home administrator did not exist. In these cases, the chairman of the volunteer body responsible for the group home was asked to respond. This questionnaire had two parts (see Appendix A). The first part consisted of multiple choice or fill-in the blank questions intended to provide basic facts about each residential facility. The second part of the questionnaire asked for information on the rate of staff turnover during 1985 for residence supervisors and regularly scheduled full-time or part-time residential staff. Administrators were also asked to supply basic demographic data about staff that had left the residence during 1985.

Staff turnover rate was defined as the number of employees who left during the designated period, times 100, divided by the average number of employees working in the residence at any one time during the designated period. For example, a group home where two staff left during

the year, and the average number of staff at any one time was eight, would have a staff turnover rate of 25% (2 x 100 ÷ 8 = 25). This definition is essentially the same as the one used in a previous major study on staff turnover in the United States (Lakin, Bruininks, Hill, & Hauber, 1982). Staff who did not work on a regularly scheduled basis in the group home were not included. The same definition was used for calculating turnover rates for residence supervisors. Residence supervisors were defined as the most senior staff person employed in the residence and having supervisory responsibilities.

Staff questionnaire. The staff questionnaire consisted of five parts (see Appendix B). Part One was primarily concerned with staff opinions on a number of important issues that may be directly or indirectly related to job satisfaction. Issues like "facility size," "staff-client ratios," or "expectations of residents," have been studied from a variety of perspectives, but little is known about the way staff members who work in community-based residential facilities feel about these subjects. Questions on these topics were placed at the beginning of the questionnaire to attract the interest of the respondents. These questions were primarily of the multiple choice type.

Parts Two and Three asked for basic descriptive information about the employee, the job conditions, and the residential facility in which the respondent was employed. These questions were primarily multiple choice as well.

Part Four of the questionnaire asked residential staff for their opinion on a variety of issues directly related to job satisfaction. In this section, the questions consisted of statements about job factors and the respondents were asked to respond on a Likert Scale.

Part Five of the questionnaire allowed staff to list some of the things they liked the most and least about their jobs. This open-ended question was included in order to help validate Part Four of the staff questionnaire.

Questionnaire evaluation. The administration and staff questionnaire were field tested for clarity, ease of responding, and time taken for response. Five staff persons currently employed in a program serving people with mental retardation but not eligible to participate in the study were asked to complete the staff questionnaire. These staff persons were then asked for their comments about the questionnaire. Suggestions for improvements were incorporated into the final drafts of these questionnaires. The administrator questionnaire was reviewed by staff members familiar with administrative practises in group homes and currently employed in administrative positions. Both questionnaires and the scoring procedures were reviewed and approved by Dr. D. Baine and Dr. T. McGuire at the University of Alberta.

Procedure

Administrators of residential agencies serving mentally handicapped people in Alberta were contacted by telephone prior to the mailing of questionnaires to administrators and residence staff. The administrators were given a brief description of the study. A request for their participation and a request for permission to survey the residential staff was made to the agency administrators. Administrators who agreed to allow agency staff to be surveyed were then asked to specify how many regularly scheduled full-time and part-time staff worked in each of the agencies' residential facilities. This was done so that the correct number of staff questionnaires could be sent to each residential facility.

Administration questionnaires were mailed to agency administrators who agreed to participate in the study. In addition, the staff questionnaires were also mailed to the administrators with a request that they be distributed to the appropriate residential staff. This procedure was used to reassure staff that the administration of the agency was supportive of the study. Having the staff questionnaires delivered by the administrators may have suggested to some staff that their agency administration was connected with the study. Although some contamination of staff responses may have occurred because of this method of distribution, staff were assured that their response was strictly confidential. Stamped, self-addressed envelopes were supplied with each questionnaire. The questionnaires were mailed out at the beginning of February, 1986, and a response was requested by March 15, 1986.

The responses for the administration and staff questionnaires were anonymous. This fact was communicated to administrators and staff in a covering letter attached to each questionnaire. The address for each residential facility was attached to the administrator questionnaire with instruction for removal prior to being returned. This procedure ensured that individual facilities could not be identified. The staff questionnaire did not contain any staff or agency names and were not coded. As a result, there was no way of identifying staff who responded to the questionnaire or the agency they were employed by.

The research method employed in this study was intended to obtain basic information about staff employed in group homes for mentally handicapped people in Alberta. The following chapter presents the results obtained by this study.

Chapter V

Results

A total of 158 administration questionnaires were mailed out and 137 (86.7%) were returned. Of the administration questionnaires that were returned, 16 had to be rejected from the study because they either came from facilities with more than 15 residents or were missing vital information. There were 121 valid responses out of a potential total of 142. This represented a response rate for the administration questionnaire of 85.2%.

A total of 1,183 staff questionnaires were sent out. This number was based on the estimates of eligible staff provided by administrators of community group homes prior to the mail-out. One hundred and twenty-eight surplus staff questionnaires resulting from over-estimates of eligible staff were returned. An additional 5 staff questionnaires were either spoiled or ineligible. There were 572 valid staff questionnaires returned from a potential total of 1,050. The response rate for staff questionnaires was 54.5%. The data on questionnaire returns suggests that in Alberta, approximately 1,000 direct-care staff are employed in approximately 156 community-based group homes having between 3 and 15 residents and serving people with mental retardation. This number of group homes does not include the 21 community-based facilities in Red Deer operated by Michener Centre.

Research Question One

The first question to be considered concerned the rate of staff turnover in community-based residential facilities for people with mental retardation in the province of Alberta. The analysis showed that the

provincial average rate of supervisor turnover in community group homes in 1985 was 37%. The range was 0% to 200%. There was no turnover of supervisors in 74 (61.2%) of the 121 homes included in the survey and only 1 home had a turnover rate of more than 100%. There were 40 (33.1%) homes with a turnover rate of 100%. This rate of supervisor turnover is lower than the rate of 73% reported for full-time house managers in the state of Tennessee (George & Baumeister, 1981).

For Alberta in 1985, the present study found that the average rate of direct-care staff turnover, excluding supervisors, was 41%. The range of turnover rates was 0% to 200%. Of the 121 group homes in this study, 27 (22.3%) had a turnover rate of 0%. There were 89 (73.6%) group homes with a turnover rate of 50% or less. Only 6 (5%) of the group homes had turnover rates of over 100%.

Table 1 illustrates the combined rate of turnover for supervisors and direct-care staff in residential facilities serving mentally handicapped people in Alberta. The combined rate of staff turnover for the 121 group homes included in this study was 40%. The range was 0% to 167% with 23 (19%) reporting no turnover and 87 (72%) reporting turnover rates of 50% or less. Only 5 (4.1%) of the group homes had turnover rates of over 100%.

The Alberta rates of staff turnover are comparable to those reported by Lakin, Bruininks, Hill, and Hauber (1982) in a national study on staff turnover conducted in the United States and previously discussed in Chapter Two. The Lakin, Bruininks, Hill, and Hauber study found that the average turnover rate in public residential facilities was 32.8% and the rate in nonpublic facilities was 54.2%. The Alberta turnover rate of 40% is based on both public and nonpublic facilities so it would be

Table 1

Rates of Turnover for Direct-Care Staff and Supervisors in Residential Facilities in 1985

	Residential Facilities	
Turnover Rate	Frequency	Percent
0%	23	19
0 - 25%	25	20.7
26 - 50%	39	32.2
51 - 75%	20	16.5
76 - 100%	9	7.5
over 100%	5	4.1
Totals	121	100

reasonable to suggest that Alberta's rate of staff turnover is similar to the national average rate of staff turnover in the United States. The rate of staff turnover in Alberta is lower than rates reported in the United States for residential facilities relying on a live-in staffing model. George and Baumeister (1981) reported turnover rates of 73% and Skarnulis (1976) reported a rate of 100%.

Table 2 shows the length of time staff members had worked in the residential facility where they were employed at the time this study was conducted. It is noteworthy that 235 (41%) of the respondents (N = 569) had been employed in those facilities for less than one year. More specifically, 115 (21%) of the staff had been employed in those group homes for less than six months. Conversely, 101 (18%) of the staff reported working in the same residential facility four or more years. These figures suggest that many community-based residential facilities have a core of long-term employees but are also likely to have frequent turnover in some staff positions.

Staff members were asked to predict how much longer they expected to work in the residential facility where they were employed at the time this survey was conducted. Table 3 shows that 32% of the staff members (N = 539) did not anticipate remaining in their present job for more than one year. This figure is not much lower than the provincial average staff turnover rate of 40% reported in this study. The similarity in these rates might suggest that many employees consider community residences to be suitable for short-term employment but do not plan to work there for extended periods of time. This finding leads to the suggestion that high rates of staff turnover in community-based residential facilities may be more closely related to the types of staff that are

Table 2

Duration of Employment in Residential Facilities

	Staff Responses	
Period of Employment	Frequency	Percent
< 1 year	235	41
between 1 & 2 years	112	20
between 2 & 4 years	121	21
between 4 & 6 years	78	14
> 6 years	23	4
Totals	569	100

Table 3

Staff Predictions of Employment Duration in Residential Facilities

Prediction of Employment Term	Staff Responses	
	Frequency	Percent
< 3 months	43	8
> 3 months but < 6 months	49	9
> 6 months but < 1 year	79	15
> 1 year but < 2 years	143	27
> 2 years but < 4 years	115	21
> 4 years but < 6 years	43	8
> 6 years	67	12
Totals	539	100

recruited rather than to dissatisfaction with specific job factors.

Information provided by staff on the most likely reason they would terminate employment in the residential facility where they worked added some support for this suggestion. Only 53 (10%) of the respondents indicated that the most likely reason they would terminate their employment would be due to dissatisfaction with their job or employer. Getting a better job was cited as the most likely reason for termination by 114 (21%) staff members. Quitting work to go back to school was identified by 100 (19%) respondents. Getting a promotion which resulted in leaving the residential facility was cited by 71 (13%) of the staff. Only 13 (2%) people said they might have to leave as a result of getting fired or terminated by their employer. Retirement or no longer needing a job was given as the most likely reason for terminating employment by 56 (10%) of the respondents. A relatively large number of respondents 113 (21%) gave "other" as their response to this question. Written explanations indicated that getting married and starting a family were important reasons cited by females for terminating employment in residential facilities.

Only 120 (20%) of the staff responding to the survey predicted they would keep working in the same residential facility more than four years. It is evident that the challenge to administrators of residential facilities must be to find ways to select staff who are likely to be long-term employees and to arrange the conditions of work in such a way that longer term employment is an attractive option for staff. Some staff and job characteristics that may be related to long-term employment are discussed later in this chapter.

Research Question Two

The second question to be considered involved the relationship between rates of staff turnover and identifiable characteristics of the facilities and their residents. Two of the facility characteristics considered were size or number of residents and the length of time the residence had been in operation. Rates of staff turnover were also considered in relation to resident characteristics such as age, mental ability, physical ability, and behaviour.

An evaluation of the relationship between group home size and staff turnover rate required that data be collapsed. Rates of staff turnover were identified as low (0 - 35%), medium (36 - 70%), and high (over 70%). Group home size was classified as small (1 - 5 residents), average (6 residents), and large (7 - 15 residents). The six resident group home was chosen to represent the average because 53 (45%) of 119 group homes in this survey were that size. The six resident group home is a product of the Alberta government's standard funding model.

The significance of the relationship between group home size and staff rates of turnover was tested using chi square. This test revealed that X^2 (4, N = 121) = 18.07, $p < .01$. Table 4 shows that low rates of turnover were found in 59% of the small residences (N = 32), and medium or high rates occurred in 41%. Average sized group homes (N = 53) had low rates of staff turnover in 70% of the residences and medium to high rates in only 30%. Low rates of staff turnover were found in only 39% of the large residences (N = 36) and medium or high rates occurred in 61%.

These data suggest that the number of residents in a residential facility is significantly related to rates of staff turnover. Average sized group homes had the highest percentage of homes with low rates of

Table 4

Crosstabulation of Group Home Size with Rate of Staff Turnover

	Group Home Size		
Rates of Staff Turnover	Small < 6 spaces	Average 6 spaces	Large > 6 spaces
Low (0 - 35%)	59	70	39
Medium (36 - 70 %)	10	21	44
High (over 70%)	31	9	17
Totals	100	100	100

Note. All values are given in percent.

Note. N = 121

$p < .01$

staff turnover and the lowest percentage of homes with high rates of staff turnover. Small group homes had the second highest percentage of homes with high rates of staff turnover. Large group homes had the lowest percentage of homes with low rates of staff turnover. The relationship between group home size and staff turnover rates has not been widely researched but one national survey in the United States, discussed in Chapter Two, found that small group homes (1 - 6 residents) had turnover rates of almost twice those of larger residential facilities (Lakin, Bruininks, Hill, & Hauber, 1982). The authors suggested that one possible explanation for this apparent inconsistency was that small group homes were staffed on a live-in model. The live-in staffing model was associated with higher staff turnover rates. Larger facilities typically utilized a shift staffing model. Shift staffing models were found to be associated with lower staff turnover rates than live-in staffing models. The present Alberta study found that 94% of the residential facilities utilized a shift staffing model so other explanations for differences in turnover rate would be needed. Additional research related to the relationship between the number of residents in a group home and staff turnover rate should be conducted to help explain this interesting and potentially important finding.

Another statistically significant and interesting finding involved the relationship between rates of staff turnover and group homes that provided short-term relief accommodation (respite care). The data showed that 76% of the group homes that provided a relief service (N = 50) had low rates of staff turnover while only 43% of the homes that did not provide relief had low rates of staff turnover. Alternately, only 24% of the group homes that provided a relief service had medium to high

rates of staff turnover while 57% of the homes that did not provide relief had medium to high rates of staff turnover. The significance of the relationship between staff rates of turnover and the presence or absence of a relief service was tested using chi square. This test found that X^2 (2, N = 119) = 12.82, $p<.01$. Group homes that provided a relief service were associated with much lower rates of staff turnover than homes that did not provide this service. The direction of this relationship was surprising since the existence of a relief service may increase demands on staff and could have contributed to higher rates of staff turnover. The possibility that relief services were generally associated with a particular size of group home was one plausible explanation. This would have meant that the presence of a relief service only reflected group home size. The statistical significance of this hypothesis was tested using chi square. The results of this test showed that X^2 (2, N = 119) = .85, $p>.65$. These results clearly indicate the absence of a statistically significant relationship between the existence of a relief service and group home size.

Some characteristics of residential facilities did not have a statistically significant relationship to rates of staff turnover. The population of the city or town the group home was located in was not significantly related to rates of staff turnover. The length of time the residence had been in operation was also not significantly related to rates of staff turnover [X^2 (6, N = 121) = 3.4, $p>.76$]. The suggestion by Lakin, Bruininks, Hill, and Hauber (1982), that group homes need a period of maturation to establish a core of stable employees, was not supported by this study. The staffing model that was used during the week (Monday to Friday) had a statistically significant relationship

[X^2 (4, N = 121) = 11.1, $p<.03$] with rates of staff turnover but only 6% of the residential facilities used a live-in staffing model. The low frequency of the live-in staffing model prevented any meaningful interpretation of this finding. The limited number of government run group homes included in this study made comparisons between publicly and privately run residential facilities impractical. A comparison of rates of staff turnover for group homes operated by parent boards and community boards did not find statistically significant differences [X^2 (2, N = 97) = 1.33, $p>.5$].

In addition to exploring the relationship between rates of staff turnover and facility characteristics, this study also looked at staff turnover in relation to some identifiable resident characteristics. Several of the studies discussed in Chapter Two suggested that resident characteristics such as level of functioning can influence rates of staff turnover (George & Baumeister, 1981; Lakin, Bruininks, Hill, & Hauber, 1982; Sarata, 1974; Silver, Lubin, & Silverman, 1984). The findings in these studies were not consistent with regard to the relationship between resident characteristics and rates of staff turnover.

The present study examined the relationship between rates of staff turnover and four resident characteristics. These resident characteristics included resident age, level of functioning, level of physical dependency, and degree of problematic behavior. The analysis of these data allowed an estimate of the number of residents in group homes in Alberta to be made. This estimate was obtained by multiplying the average number of residents per group home by the number of group homes included in this study. There were 731 residents in the 119 group homes included in this study. Assuming that there are 158 group homes for people with mental

retardation in the entire province, one can estimate the provincial group home resident population at 970 people.

Administrators of residential facilities in Alberta were asked to classify the residents served in their agencies. Residents were classified according to mental ability, need for physical assistance, and magnitude of behavior problem. Table 5 shows that 73% of the residents were classified as either mildly or moderately mentally handicapped and 27% of the residents were severely or profoundly mentally handicapped. Table 6 shows that 67% of the residents required no physical assistance and only 18% of the residents needed either a lot or complete physical assistance. Table 7 shows that only 5% of the existing resident population was considered to have severe behaviour problems. These findings suggested that the population of residents staff members were working with at the time this study was conducted was skewed toward higher levels of mental ability, less physical dependency, and the absence of severe behavioural problems.

A statistically significant relationship between rates of staff turnover and resident age [X^2 (2, N = 121) = .135, p>.93] or the presence of mild [X^2 (2, N = 121) = 2.59, p>.27], moderate [X^2 (2, N = 121) = 2.24, p>.32], or severe [X^2 (2, N = 121) = 1.62, p>.44] behaviour problems exhibited by residents was not found. The presence of mildly [X^2 (2, N = 121) = 3.94, p>.13], moderately [X^2 (2, N = 121) = .132, p>.93], or profoundly [X^2 (2, N = 121) = 1.53, p>.46] mentally handicapped residents in a facility was also not related to rates of staff turnover. A statistically significant relationship was found between rates of staff turnover and the presence of severely mentally handicapped residents in the group home [X^2 (2, N = 121) = 9.87, p<.01]. It appeared that severely

Table 5

Group Home Administrator's Estimates of the Distribution of Resident's Mental Ability

Classification	Residents	
	Frequency	Percent
Mildly Mentally Handicapped	205	29
Moderately Mentally Handicapped	311	44
Severely Mentally Handicapped	155	22
Profoundly Mentally Handicapped	38	5
Totals	709	100

Table 6

Group Home Administrator's Estimates of the Distribution of Resident's Need for Physical Assistance

	Residents	
Classification	Frequency	Percent
No Physical Assistance	463	67
Some Physical Assistance	106	15
A Lot of Physical Assistance	79	11
Complete Physical Assistance	46	7
Totals	694	100

Table 7

Group Home Administrator's Estimates of the Distribution of Residents with Behaviour Problems

Classification	Residents	
	Frequency	Percent
No Behaviour Problem	326	46
Mild Behaviour Problem	217	31
Moderate Behaviour Problem	127	18
Severe Behaviour Problem	38	5
Totals	708	100

handicapped residents in a group home may have been related to higher rates of staff turnover. This finding should be interpreted with caution since the estimation of client mental functioning level was based on the subjective opinion of group home administrators. Also, the strength of the relationship was statistically significant but the frequency distribution between rates of staff turnover and severely handicapped residents in group homes did not provide clearly defined patterns.

There were some indications that rates of staff turnover were related to the level of physical assistance required by the residents. The test for a relationship between the presence of residents needing some physical assistance and rates of staff turnover produced a X^2 (2, N = 121) = 6.34, $p<.05$. This same test in relation to the presence of residents needing a lot of physical assistance produced X^2 (2, N = 121) = 9.65, $p<.01$. The relationship between rates of staff turnover and residents needing some physical assistance did not show any interpretable patterns in spite of the statistical significance. The data related to residents requiring a lot of physical assistance clearly showed that group homes with these types of residents (71%) are associated with medium or high rates of staff turnover while group homes without people needing this level of physical assistance (64%) are associated with low rates of staff turnover. The same problems interpreting the relationship between resident's mental ability and staff rates of turnover also apply to residents's needs for physical assistance and staff turnover rates. Unfortunately, this study has only added to the confusion regarding the relationship between identifiable resident characteristics and rates of staff turnover. Future studies that investigate this interesting but complex relationship should use objective classifications of residents

and should control for competing variables having a demonstrated influence on rates of staff turnover. It would also be useful to consider if residents with various combinations of particular characteristics affect rates of staff turnover.

A multiple regression analysis was conducted in an effort to determine whether certain resident or residence characteristics could be used to predict rates of staff turnover. The dependent variable was the combined rate of turnover for supervisors and direct-care staff. The predictor variables were (a) the size of the group home, (b) the provision of a relief service in the group home, (c) the presence of residents with severe mental retardation, and (d) the presence of residents requiring a lot of physical assistance. Overall, only 9% of the variance in the dependent variable was explained on the basis of the combined set of predictor variables ($R = .30$, $F = 2.73$, 4/114 df, $p<.05$). Of the predictor variables, only the provision of a relief service in the group home had a statistically significant relationship to rates of staff turnover ($r = .295$, $p<.001$). This was a positive relationship which meant that the provision of a relief service was associated with lower rates of staff turnover.

The variables used in this regression analysis were not useful in predicting rates of staff turnover. There are obviously many different factors that may have contributed to staff turnover. Efforts to find simple or single causes of staff turnover are not likely to be successful. A more useful approach might be to look for patterns or sets of conditions that exist in homes where high rates of turnover occur and then make comparisons with homes having low rates of turnover.

Research Question Three

The third question considered involved the characteristics of staff who worked in community-based residential facilities in Alberta. Information on some of the characteristics of residential facilities where staff worked is also discussed.

Nearly all residential facilities were located in urban settings. This study found that 84 (70%) of the residential facilities (N = 121) were located in cities or towns with populations over 25,000 people. A total of 25 (21%) residential facilities were located in cities or towns with populations of between 5,000 and 25,000 people. Only 9 (7%) of the residential facilities were located in a town with a population of less than 5,000 people and 2 (2%) residences were located in a rural setting outside a city or town.

The data showing the locations of residential facilities where staff were employed provided similar information. Of the staff responses (N = 655), 378 (67%) reported working in residential facilities in a city or town with a population over 25,000; 126 (22%) worked in a residential facility in a city or town with a population between 5,000 and 25,000 people; and 49 (9%) worked in a facility in a town with a population of less than 5,000 people. Only 13 (2%) staff members reported working in a residential facility located in a rural setting outside a city or town.

Other studies have shown that some of the major problems associated with community-based residential services appeared to have been a product of the live-in staffing model (George & Baumeister, 1981; Skarnulis, 1976). Difficult working conditions were one of the reasons given for high rates of staff turnover in live-in job situations (Bruininks,

Thurlow, Thurman, & Fiorelli, 1980b). Live-in group home staff were described generally as being poorly trained and undereducated (Seltzer, 1977; Slater & Bunyard, 1983). The difficult working conditions associated with a live-in staffing model made it difficult to recruit and retain competent and qualified staff.

The present study clearly showed that the live-in model is no longer a popular method of staffing in community-based group homes for mentally handicapped people in Alberta. During the week (Monday - Friday) only 7 (6%) of the 121 group homes included in this study exclusively utilized a live-in staff model. There were 29 (24%) residential facilities using a combination of live-in and shift work but 85 (70%) of the residential facilities used a shift staffing model exclusively.

On weekends (Saturday - Sunday) the live-in staffing model was more common. There were 25 (21%) residential facilities that reported using a live-in staffing model exclusively on weekends. An additional 43 (36%) used a combination of live-in and shifts while 51 (42%) used only a shift staffing model on weekends. Two residential facilities reported the use of other types of weekend staffing models.

The types of work schedules staff were on also clearly demonstrated the declining use of the live-in staffing model. Only 79 (16%) of the staff (N = 567) reported having live-in staff positions. This is similar to the 16% live-in staff positions reported for group homes located in New York State (Janicki, Jacobson, Zigman, & Gordon, 1984).

The most common staff work schedule was a rotating shift (35%) with permanent afternoon shifts second (26%). Split shifts were the least common (2%). One work schedule which had not been anticipated on the questionnaire involved an extended overnight shift (8%). On this schedule,

a staff member would work an evening and/or morning shift in addition to sleeping overnight in the residential facility. Since the 8% response was derived from written explanations pertaining to the question on work schedules on the staff questionnaire (Question 26), it is possible that the percentage of staff working extended overnight shifts may be somewhat higher.

Even though the houseparent model of staffing is no longer common, 177 (31%) of the staff responding to the survey (N = 569) reported working an average of over 40 hours per week. This figure at least partially reflects the use of live-in staff on weekends. This study found that 68 (57%) of the group homes surveyed (N = 121) still use a live-in staffing model on weekends. This model usually involves staff working 48 consecutive hours including both awake and sleep time. This study also found that on average, 114 (20%) of the staff members responding to the survey (N = 569) worked 30 or fewer hours per week and 278 (49%) staff worked between 31 and 40 hours per week.

Working in community-based residential facilities is predominantly a female occupation. This study found that 465 (83%) of the staff (N = 563) were female and 98 (17%) were males. A total of 331 (60%) of the staff (N = 551) reported that they were the primary wage earner in their home. The study in New York State (Janicki et al., 1984) found that 67% of the staff were female. The percentage of male staff in group homes in Alberta is much lower than in New York State. An explanation for this difference is not readily apparent.

The staff in community group homes in Alberta ranged in age from 16 to 69. The median age was 27 and the mode was 25. The average age was 29.95. Only 5% of the staff were in their teens, 58% were in their 20's,

22% were in their 30's, 10% were in their 40's, 3% were in their 50's, and 2% were in their 60's. The Janicki et al. (1984) study found that the average age of staff employed in community-based group homes in New York State was 31 and the median was 27. The data on staff ages is remarkably similar for New York State and Alberta.

Even though the average age of staff employed in community group homes in Alberta was 29.95, only 158 (28%) of the staff (N = 563) reported having children under the age of 18 living with them. This percentage seems low, but the timing of the shifts in community-based residential facilities may not be suitable for people with dependent children. As a result, it would appear that a part of the potential labour market may not be generally available to community-based residential facilities.

This study found that 51 (9%) of the staff employed in community-based residential facilities in Alberta (N = 561) had not completed high school. An additional 90 (16%) staff had completed high school but had not taken other formal education. The largest group, according to educational history, included 165 (29%) staff members who had taken some training at a college or university but had not graduated. The second largest group was composed of 133 (24%) staff members who had graduated from a Rehabilitation Practitioner (or equivalent) Program. There were 96 (17%) staff members that graduated from a university with a degree in Education or the Humanities and 26 (5%) staff members reported that their educational background did not fit any of the listed categories. The study in the state of New York (Janicki et al., 1984) found that 43.4% of the group home staff were college graduates. This figure is similar to the 41% of staff with similar qualifications (rehabilitation practitioners or university graduates) in group homes in

Alberta.

Janicki et al. (1984) reported that staff employed in residential facilities for mentally handicapped people in New York State had an average of over five years of experience working in the field of developmental disabilities. Although this study did not permit a direct comparison, it was found that 224 (40%) of the staff (N = 567) reported working for an agency serving people who were handicapped during the year prior to commencing their position in the group homes included in this survey. This group represented 55 (10%) intra-agency relocations and 169 (30%) inter-agency relocations. This study also found that 149 (26%) staff members came to their positions in the community-based facilities from jobs unrelated to working with people that were handicapped. Attending an educational facility was the primary activity in which 125 (22%) of the respondents were engaged in before becoming a residential staff member. Only 31 (5%) of the respondents reported "unemployment" as their primary activity in the year prior to beginning work in the group home.

These data suggest that staff movements within the field of habilitation is quite common. Also, the recruitment of personnel to work in community residential facilities leaves the employee rather than the employer with a distinct advantage. This advantage is seen by the number of people that enter this field of employment without recent relevant training, experience, or without being unemployed for an extended period of time. Apparently one does not have to wait very long to get a job in a community group home and relevant experience or training is not a prerequisite for employment.

Research Question Four

The fourth research question was concerned with staff opinions about a number of residential service issues. These issues have generated debate in the literature, but staff opinions have seldom been included in these discussions.

One of the most controversial issues has been the debate over the optimum number of residents that should live in any community-based residential facility (Baroff, 1980; Landesman-Dwyer, 1981; Landesman-Dwyer, Sackett, & Kleinman, 1980). In Alberta, the government funding model encouraged the development of residential facilities with six residents. This study found there were 53 (45%) six space residences (N = 119). Residences with three to five residents accounted for 30 (25%) of the facilities and residences with seven or more residents accounted for 35 (30%) of the total number of residential facilities. Even though the proponents of small residential facilities appear to be gaining influence with government and facility operators, Table 8 shows that 369 (65%) of the staff respondents indicated they preferred to work in residential facilities with about the same number of residents as were in their present place of employment. Only 30 (5%) of the respondents said they would prefer working in a facility with more residents and 172 (30%) indicated a preference for work in facilities with fewer residents. It is evident that staff are generally satisfied with the present size of community residences but any shift in size would definitely need to be toward smaller units if consideration is to be given to staff opinion.

The second issue staff were asked to express an opinion on involved staff-resident ratios. Staff-resident ratios are the number of staff that work in a home compared to the number of residents in the home.

Table 8

Staff Preferences on Residential Issues

Issue	Staff Preferences (Percent)				
	1	2	3	4	5
No. of residents in facility	1	4	65	27	3
Ratio of staff/resident	8	38	52	3	-
Staff/resident interaction	20	36	40	3	1
Mental ability of residents	8	32	56	3	-
Physical ability of residents	8	29	61	1	1
Staff expect. for residents	15	48	32	4	1
Admin. expect. for staff	15	38	37	8	1

Note. 1 = a lot more (higher); 2 = a little more (higher); 3 = the same amount (level); 4 = a little less (lower); 5 = a lot less (lower).

Note. N = 565 (approx.)

The relationship between staff-resident ratios and staff turnover was investigated in institutional settings (McCormick, Balla, & Zigler, 1975) and in community-based residential settings (Lakin, Bruininks, Hill, & Hauber, 1982). Both studies failed to find a statistically significant relationship between staff-resident ratios and rates of staff turnover. A study by Zaharia and Baumeister (1978b) found that the number of residents in a residential facility was associated with higher rates of staff turnover.

The present study found that about half of the staff (52%) reported being satisfied with the staff-resident ratio in the residence where they worked but nearly all the rest of the staff (46%) preferred a higher staff-resident ratio. Predictably, only a very few staff said they would prefer to work in a facility with fewer staff per resident.

The opinion of staff on this issue needs to be considered in conjunction with other research on staff-resident ratios. Harris, Veit, Allen, and Chinsky (1974) studied three wards in an institution. They found that increasing the number of staff did not result in more staff-initiated positive interaction with residents. McCormick, Balla, and Zigler (1975) did not find that staffing ratios or numbers of professional staff members made any difference to the resident care practices in a study of 30 different institutions. A study on the relationship of group home size to resident and staff behaviour found that staff behaviour was "remarkably homogeneous" and unrelated to staffing ratios across 20 facilities studied (Landesman-Dwyer et al., 1980). Other studies have found that staff-resident interaction increases when only one staff member is present (Grant & Moores, 1977; Tizard, Cooperman, Joseph, & Tizard, 1972). Unfortunately, the amount

of any type of staff-resident interaction in community-based residential settings has been found to be amazingly low (Landesman-Dwyer, Berkson, & Rohmer, 1979; Repp & Barton, 1980; Repp, Barton, & Gottlieb, 1983).

The consensus from the literature is that increasing staff-resident ratios is not likely to result in improved social or developmental services for residents. Determining optimum staff-resident ratios is clearly an important issue that needs to be addressed by researchers, administrators, and planners of facilities for people with mental handicaps. It appears that there may be a number of important benefits to residents when the number of staff is limited to one. This finding might suggest that staff-resident ratios should be a critical consideration in developing residential services rather than facility size. Unfortunately, not enough attention has been given to socio-ecological variables like staff-resident ratios in planning and operating community-based residential services.

A third issue was related to the amount of resident interaction preferred by staff. Only 20 (4%) of the 571 respondents reported wanting less interaction with residents than they were experiencing in the facility in which they were employed. A total of 228 (40%) respondents indicated a preference for the same amount of resident interaction, 206 (36%) wanted more interaction, and 117 (20%) wanted a lot more interaction. This finding is ironic in light of the previous discussion on staff-resident interaction and invites additional investigation. The previously discussed Holburn and Forrester study (1984) on extrinsic and intrinsic factors relating to job satisfaction found a positive correlation between the amount of resident contact experienced by staff and job satisfaction. Evidently, researchers and group home operators

need to look for reasons why staff-resident interaction is often lower than expected. Increasing staff-resident interaction should increase employee job satisfaction and improve the quality of service being provided to the residents.

A fourth issue related to staff preferences for working with clients of various mental or physical ability levels. Table 8 shows that most of the staff preferred working with residents having the same mental or physical abilities as the residents those staff were working with at the time the study was conducted. There was, however, a strong indication that staff preferences were toward working with residents having higher mental or physical ability. Data reported earlier in this study indicated the resident population of group homes in Alberta was concentrated around higher functioning and less dependent people. Since staff expressed a preference for working with higher functioning and less physically dependent residents, it is reasonable to suggest that the trend toward accommodating all individuals with significant needs in group homes will be a special challenge to residential systems.

It should be noted that the relationship between staff turnover or job satisfaction and client level of functioning has not been clearly determined. One of the studies reviewed in Chapter Two suggested that staff turnover was higher in residential facilities with lower functioning residents (George & Baumeister, 1981). Other studies came to an opposing conclusion (Lakin, Bruininks, Hill, & Hauber, 1982; Silver et al., 1984).

A fifth issue staff were asked to give their opinion on related to staff expectations for residents to be more independent and for the administrators' expectations for staff to train residents to be more independent. Table 8 shows that the majority of the respondents favoured

raising expectations for residents and staff. Almost half of the respondents felt staff expectations for residents to be more independent should be higher. Only 5% suggested that staff expectations should be lowered. Only 9% of the staff indicated that the administration should reduce expectations for staff to train residents to be more independent. It seems evident that staff in community residences in Alberta see a need to promote greater independence for residents living in these facilities.

A solution to the problem of low expectation may not be as simple as just raising expectations for residents and staff. The study by Sarata (1974), referred to in Chapter Two, suggested that staff tend to blame the agency or the client for lack of progress. This view is supported by the previously discussed Slater and Bunyard study (1983) which found that staff attitudes toward residents were not conducive to promoting growth or development and that staff training skills were generally inadequate. Both the Sarata study and the Slater and Bunyard study were primarily concerned with staff in live-in positions. Additional research would be required to determine how staff in Alberta's residential facilities feel the problem of low expectations should be addressed.

Research Question Five

The fifth research question was concerned with the personal satisfaction of staff employed in group homes in Alberta on a number of issues identified in the literature as important to job satisfaction. The majority of these job factors were identified in a comprehensive literature review on job satisfaction by Porter and Steers (1973) and the organizational model of factors influencing staff turnover in group

homes for the mentally handicapped presented by Cherniss (1981). Both of these important works were discussed in Chapter Two.

The staff questionnaire asked respondents to provide a rating of personal satisfaction on 16 questions. An additional 9 questions required respondents to indicate the degree and direction of change they preferred on other issues related to job satisfaction. A five point Likert Scale was used for all 25 questions related to job satisfaction. Table 9 shows the distribution of responses and the weighted staff preference rank order of the 16 issues directly concerned with personal job satisfaction of staff employed in residential facilities for mentally handicapped people in Alberta. The weights for the rank order were calculated by multiplying the percentage of staff responding to each level of satisfaction by the assigned value for each of the five levels of job satisfaction. The assigned value for "very dissatisfied" was 1, "dissatisfied" was 2, "neutral" was 3, "satisfied" was 4, and "very satisfied" was 5.

The job factor that staff found most satisfying was involvement with people having a mental handicap. The data showed that 94% of the respondents (N = 570) were either "satisfied," or "very satisfied" on this factor. Only 1% of the respondents were "dissatisfied" and none were "very dissatisfied".

Some of the other job factors staff found very satisfying related to treatment by co-workers, the comfort and convenience of the work environment, and treatment by the supervisor. It is interesting to note that three of the four top-rated job factors involved human interactions.

The finding that treatment by co-workers was very satisfying is compatible with the previously discussed study by George and Baumeister

Table 9

Staff Response Rates on Important Job Factors

Job Factor	Staff Responses (Percent)				
	1	2	3	4	5
Involv. with M. H. residents	0	1	4	45	49
Treatment by co-workers	1	4	10	54	32
Comfort/conven. of workplace	1	5	15	52	28
Treatment by supervisor	3	7	13	39	38
Feeling about the job	1	8	12	54	26
Appear./cond. of workplace	3	9	14	40	34
Work/tasks/activities	1	8	14	62	15
Feeling re: employ. agency	2	9	18	48	22
Decision involvement	4	14	19	46	17
Job security	5	9	23	45	17
Adequate supplies	4	17	17	46	16
Treatment by admin.	5	14	23	35	22
Employee benefits	7	13	23	39	18
Work schedule	5	16	22	39	18
Promotion possibilities	9	24	32	29	7
Rate of pay	11	26	20	33	9

Note. 1 = very dissatisfied; 2 = dissatisfied; 3 = neutral; 4 = satisfied; 5 = very satisfied.

Note. Job factors are in descending order of staff satisfaction.

Note. N = 570 (approx.)

(1981), which found that staff described relationships with co-workers to be the most satisfying aspect of employment in residential programs for mentally handicapped people. Staff that reported having good relationships with co-workers or felt "included" in the work group were less likely to leave their jobs, according to the Porter and Steers (1973) literature review.

The job factor with the lowest satisfaction rating related to rates of pay. The staff responses to this job factor produced a bimodal frequency distribution that was almost symmetrical. The "neutral" response was selected by 20% of the respondents (N = 569); the "satisfied" response was selected by 33%; and the "dissatisfied" response was selected by 26% of the respondents. Staff dissatisfaction on the issue of pay should not be ignored if staff turnover is of concern. The previously cited study involving group homes in the state of Tennessee found that 32% of all staff who quit work voluntarily did so in order to accept a better paying job (George & Baumeister, 1981). Also, the Lakin, Bruininks, Hill, and Hauber study (1982) found starting rates of pay to be an important factor related to staff turnover.

Other job factors on which satisfaction ratings were very low involved opportunities for promotion; provision of employee benefits; treatment by the administration; the adequacy of materials, supplies, and equipment; and involvement in decision making. All of these job factors were rated in the lower half according to the weighted rank order of the 16 job factors. These types of employer controlled variables were described as extrinsic work factors by Holburn and Forrester (1984) and were found to be very influential in determining job satisfaction. These are clearly some of the issues administrators

should address to increase staff job satisfaction. One of the job factors that was rated very low on satisfaction by the staff related to the timing of the shift being worked. Unfortunately, employment in community-based residential facilities almost always involves working at times outside of the conventional day shift. This is one factor that appeared to contribute to job dissatisfaction. This study found that 21% of the staff expressed dissatisfaction with the timing of their shift while 57% were satisfied.

Table 10 shows the frequency of responses for the other nine job factors related to job satisfaction. Respondents were asked to give their preferences for decreasing, increasing, or not changing aspects of nine selected job factors. The majority of respondents (N = 565 approx.) indicated their hours of work, the amount of work expected, and their freedom to decide how to perform their work should remain unchanged. This finding would suggest that staff were generally satisfied with those job factors.

Studies reported by Porter and Steers (1973) indicated that job autonomy or responsibility was associated with increased employee stability. Other studies found that "decision frequency" or participation in decision making was positively correlated with job satisfaction (Cherniss & Egnatios, 1978a; Holburn & Forrester, 1984). It would seem reasonable to recommend that, even though staff appeared to be generally satisfied with their job autonomy and involvement, additional efforts in promoting work independence might be useful to increase job satisfaction.

Staff members clearly expressed a preference for additional inservice training. Only 31% of the staff felt existing levels of inservice training were adequate while 68% expressed a desire for more training.

Table 10

Staff Preferences on Important Job Factors that can be Varied

Job Factor	Staff Preferences (Percent)				
	1	2	3	4	5
Hours of work/week	2	17	66	13	3
Amount of work expected	2	15	71	12	1
Opportunities for inservice	-	1	31	47	21
Use of training/experience	-	1	48	43	9
Decision freedom in job	-	1	70	26	4
Amount of work feedback	-	1	47	40	12
Recognition by employer	-	-	32	46	22
Rules & regulations	3	16	63	15	3
Agency information to staff	-	1	40	43	16

Note. 1 = decrease a lot; 2 = decrease; 3 = left the same; 4 = increase; 5 = increase a lot.

Note. N = 565 (approx.)

Of the staff responding to the survey, 52% indicated more use should be made of their training and/or experience. In each educational category, the percentage of staff that indicated more use should be made of the training and/or experience was compared. This comparison showed that more utilization of training and/or experience was suggested by: (a) 40% of the staff that had not completed high school, (b) 31% of those that had completed high school, (c) 51% of those that had some post-secondary training, (d) 57% that were rehabilitation graduates, and (e) 68% of those with university degrees. The relationship between the degree to which use of training and/or experience should be increased and the level of education staff had was tested using chi square. The results showed that X^2 (4, $\underline{N}$ = 271) = 10.59, $\underline{p}<.05$. These data are shown in Table 11.

Other job factors that staff wanted to have increased were the amount of feedback on job performance, the amount of recognition the employer provided to staff, and general information on how the whole agency operated. These are issues that can be controlled to some extent by administrators of residential facilities.

The staff seemed generally satisfied with the number of rules, regulations, and policies set by the employing agency. The data showed that 63% of the staff were satisfied with existing conditions. This area appeared to be one where administration practices met the approval of staff. Additional research would be needed to determine if this response means that service systems are effectively organized or just casual enough to please the staff.

Staff comments on job satisfaction. The final question in the staff questionnaire was open-ended. This question asked staff members to list

Table 11

The Relationship Between Staff Level of Education and Skill and/or Experience Utilization

	Skill and/or Experience Utilization		
Level of Education	Increased	Increased a lot	Totals
High School-Incomplete	90	10	100
High School-Grad.	96	4	100
College/Univ.-Incomplete	88	12	100
Rehab. Pract.-Grad.	79	21	100
Univ.-Grad.	74	26	100

Note. Values in table are percent.

Note. N = 271

$p < .05$

three things about their jobs they liked and three things they did not like. This question was included to help validate the content of the prescripted questions on job satisfaction included in the questionnaire. These open-ended questions also provided staff members with an opportunity to express personal opinions related to their work situation. The comments made by staff added a great deal of color and personality to this data-oriented study.

The comments made by staff members were nearly all related to issues raised in the prescripted questions on job satisfaction in the questionnaire. This finding would suggest that the content validity of the job satisfaction questions was high but it must also be acknowledged that prior exposure to the questions probably helped focus attention on particular issues.

Comments made by staff on what they liked about working in a group home for people with mental handicaps grouped around a few common themes. The most common theme was the personal satisfaction staff members experienced as a result of their work with people that were handicapped. Another very common theme involved good relationships that existed among co-workers. Many staff members commented on the satisfaction they felt because of the worthwhile nature of the work they were doing. Staff seemed to gain a lot of job satisfaction from helping the residents learn and become more independent. The convenience of the job location and the personal suitability of the hours of work were also a common theme. Working in a home-like atmosphere and having a wide variety of tasks to perform were also mentioned frequently. The opportunity to work independently and to learn new skills were also factors that staff felt contributed to their job satisfaction. A representative sample of direct

quotations regarding things that staff liked about their jobs in community-based residential facilities can be found in Appendix C.

The comments staff made about things they did not like about their jobs in community-based group homes also followed a number of identifiable themes but were more diverse than the "like" comments. The most common staff complaints were about pay, benefits, opportunities for advancement, lack of job security, timing of shifts, and the amount of paperwork that was expected. Many staff commented on the lack of credit, recognition, or feedback they were given for their work. Isolation and lack of contact with other agency staff or colleagues was also frequently mentioned. Mismanagement, lack of insight, and lack of involvement in daily affairs by the administration of the agency was also a common complaint. Some staff felt discouraged by the lack of resident progress. A common concern seemed to be the lack of good communication between all levels of staff and other people, like parents, who were involved with a resident. Many staff commented on their feeling of not being part of the decision-making process or not having their skills utilized appropriately. There were many negative comments about co-workers, supervisors, and administrators. It was clear that shortcomings in other people were easily recognized. The need for more community involvement by people with handicaps and more acceptance of people with handicaps by the community were also recurrent themes. Practical issues like having to use staff cars to transport residents, difficulty in lifting physically handicapped residents, problems of understaffing, and staff turnover were also identified by the respondents. A representative sample of direct quotations from the staff questionnaire regarding things that staff did not like about working in group homes can be found

in Appendix D.

Comments made by staff members employed in group homes suggested that feelings of helplessness and powerlessness related to influencing changes in the work environment or employment conditions were common. These feelings may be due, in part, to the lack of experience that many staff have in their jobs. The fact that many of the staff are young or have limited training and/or experience could result in feelings of inferiority or inadequacy. Working in a group home may also result in feelings of loneliness and isolation. The emotional demand of working with people that have significant needs is another factor that may produce feelings of helplessness and powerlessness in staff. Although some residents make great gains, others progress very slowly, and some regress. These conditions may have contributed to the feeling of helplessness and powerlessness expressed by some of the staff.

Administrators of group homes need to consider the personal characteristics of the staff they employ as well as the conditions in which the staff members are employed. Special efforts will be needed to ensure that staff members feel they are an important and useful part of a team providing services to people with special needs rather than isolated and insignificant parts of a bureaucracy. Job satisfaction depends on many different factors. Some factors, like rates of pay or employee benefits, are obvious. The feelings, emotions, and motivations that staff have are much more difficult to identify and quantify but need to be considered in promoting job satisfaction.

Summary. Overall, it appears that staff are much more satisfied than dissatisfied on almost all of the job factors that were considered to be important to staff employed in community-based residential facilities.

There are clearly some changes to job factors that administrators of group homes could make which would likely increase staff job satisfaction and reduce staff turnover. It is probably fortunate that residential staff appear to be particularily satisfied with resident and co-worker interaction, otherwise, rates of staff turnover would probably be even higher.

The four categories of job factors affecting staff turnover suggested by Porter and Steers (1973), and discussed in Chapter Two, provide a useful model for summarizing the findings reported for this research question. Staff employed in community-based group homes serving mentally handicapped people in Alberta appeared to be least satisfied with job factors described as "organization-wide factors." This category includes factors like rates of pay, agency information to staff, or opportunities for advancement. Job factors in the immediate work environment appeared to be very satisfying to most of the staff. This category included variables like the appearance and condition of the home, treatment by the supervisor, and relationships with peers.

The third category of job factors described by Porter and Steers included the nature or content of the job itself. The data on this category was mixed. Staff seemed very satisfied to be involved with people that had mental retardation. They were also generally satisfied with the actual tasks they performed and the autonomy with which those tasks could be performed. The amount of work in the job also appeared to be satisfactory. There was dissatisfaction with issues like the amount of inservice training or utilization of existing skills and experience.

The fourth category of job factors affecting staff turnover related

to the relationship between personal characteristics like sex, age, or education and job satisfaction. The findings of this study on these issues will be presented in response to the sixth research question.

Research Question Six

The sixth research question was concerned with the relationship between job satisfaction and identifiable personal, resident, or facility characteristics. Several staff characteristics were also compared with important work related variables to see if significant relationships existed. This analysis was intended to provide information that could be used by group home administrators in selecting staff.

A job satisfaction score for each staff respondent was calculated using the 16 questions directly related to job satisfaction in the staff questionnaire and previously discussed in Research Question Five. The Likert Scale used for these questions had a numerical value assigned to each level (1 = very dissatisfied, 2 = dissatisfied, 3 = neutral, 4 = satisfied, 5 = very satisfied). A total score was obtained by adding the scores for each respondent for questions 29 to 44. The lowest possible score was 16, assuming all questions were answered, and the highest possible score was 80. These data were then grouped according to five levels of job satisfaction corresponding directly to the format of the Likert Scale in the 16 job satisfaction questions. The "very dissatisfied" category included scores of 16 - 28.8; the "dissatisfied" category was 28.9 - 41.6; the "neutral" category was 41.7 - 54.4; the "satisfied" category was 54.5 - 67.2; and the "very satisfied" category was 67.3 - 80. The distribution of scores was negatively skewed. Table 12 shows the frequency distribution of job satisfaction scores for staff respondents. The "very dissatisfied" category was collapsed into the

Table 12

Job Satisfaction Scores for Group Home Staff

Satisfaction Rating	Staff Responses	
	Frequency	Percent
Very dissatisfied (16 - 28.8 points)	1	.2
Dissatisfied (18.9 - 41.6 points)	18	3.3
Neutral (41.7 - 54.4 points)	146	26.5
Satisfied (54.5 - 67.2 points)	273	49.5
Very Satisfied (67.3 - 80 points)	113	20.5
Totals	551	100

"dissatisfied" category for purposes of statistical analysis because of the very low frequencies of scores in these categories.

The first area of investigation involved the relationship between job satisfaction scores and personal characteristics of staff. The age categories used in the analysis were: 29 and under, 30 to 39, and 40 or older. The significance of the relationship between job satisfaction and ages of staff was tested using chi square. This test revealed that X^2 (6, N = 551) = 16.66, $p<.05$. Younger staff tended to be less satisfied and older staff tended to be more satisfied.

The age of staff members was related to the length of time staff had worked and were expecting to work in the group home. The relationship between age and length of time staff had worked was tested using chi square. This test showed that X^2 (8, N = 572) = 68.65, $p<.001$. Table 13 shows this relationship. Staff over the age of 30 were more likely to have worked for over two years and also expected to work for longer periods of time than staff under the age of 30.

Level of education was significantly related to the length of time staff expected to continue working in the community-based residential facility. This relationship was tested using chi square. The test showed that X^2 (16, N = 535) = 83.67, $p<.001$. Table 14 clearly shows that staff with post-secondary training did not plan to remain with their present job nearly as long as staff with less education. This finding has important implications regarding the type of staff that should be recruited for employment in group homes. It appears administrators may need to choose between having long-term staff and having more highly educated staff. Additional research is needed to identify factors contributing to this significant relationship and to explore ways that

Table 13

Staff Age Related to Length of Time Employed in the Same Residential Facility

Length of Employment	Staff Age		
	< 29 yr.	30-39 yr.	>40 yr.
0.0 - 0.5 yr.	23	19	11
0.5 - 1.0 yr.	25	17	10
1.0 - 2.0 yr.	21	20	12
2.0 - 4.0 yr.	21	20	24
4.0 + yr.	10	24	43
Totals	100	100	100

Note. Values in table are percent.

Note. N = 572

$p < .001$

Table 14

Relationship of Level of Education with Expected Term of Employment

	Expected Term of Employment					
Level of Education	0-6mo	6mo-1yr	1-2yr	2-4yr	4+yr	Totals
High School-Incomp.	14	10	6	25	45	100
High School-Grad.	21	6	19	23	31	100
College/Univ.-Incomp.	20	12	23	22	23	100
Rehab. Pract.-Grad.	22	17	29	21	11	100
University Grad.	30	21	39	8	2	100

Note. Values in table are percent.

Note. N = 535

$p < .001$

work in residential facilities can be made more attractive to people with post-secondary training. It is also important to remember these figures only relate to expected terms of employment. Actual figures on staff turnover in group homes do not show that more highly educated people leave their jobs at a disproportionate rate to people at other levels of education. It is likely that this situation might change if rates of unemployment were lower.

The amount of education staff had was also significantly related to being classified as a supervisor. The crosstabulation of education and staff position variables yielded a X^2 (4, N = 449) = 9.96, $p<.05$. An inspection of the data in Table 15 shows that supervisors and direct-care staff were almost equally represented in all educational categories except for rehabilitation practitioners. In this educational classification, staff in supervisory positions outnumbered staff in direct-care positions by a ratio of over 3 to 2.

The data showed that job satisfaction was not related to the length of time staff had worked in the residential facility. However, length of time staff were planning to work in the residence was related. The data indicated that staff with job satisfaction scores in the "dissatisfied" or "neutral" category planned to work for a shorter period of time than staff with job satisfaction scores in the "satisfied" or "very satisfied" categories. A test for statistical relationship showed that X^2 (12, N = 551) = 77.99, $p<.001$. This relationship is shown in Table 16. This finding strongly supports the position taken by Porter and Steers (1973) that job satisfaction and rates of staff turnover are closely related. The failure to find a statistically significant relationship between job satisfaction and length of time staff had worked

Table 15

Education Level Related to Position in the Residential Facility

Level of Education	Position in Residence	
	Supervisor	Direct-Care
High School-Incomplete	6	11
High School-Grad.	13	19
College/University-Incomplete	32	30
Rehab. Pract.-Grad.	34	21
University Grad.	15	19
Totals	100	100

Note. Values in table are percent

Note. N = 499

$p<.05$

Table 16

The Relationship Between Level of Job Satisfaction and Expected Term of Employment

	Expected Term of Employment					
Satisfaction Rating	0-.5yr	.5-1yr	1-2yr	2-4yr	4+yr	Totals
Dissatisfied	42	42	11	0	5	100
Neutral	31	20	29	12	8	100
Satisfied	18	11	27	23	21	100
Very Satisfied	12	7	20	29	32	100

Note. Values in table are percent

Note. N = 551

Note. The "very dissatisfied" category was combined with the "dissatisfied" category in order to prevent problems in statistical analysis associated with low frequencies in some categories.

$p < .001$

in the group home might have been a product of the short period of time dissatisfied staff stay employed. Some of the other personal factors that were not significantly related to job satisfaction included employment position, level of education, or the sex of the staff member. The sex of the staff member was also not significantly related to length of time worked, education level, position in the residence, length of time employed, or length of time the staff member expected to be employed in the residential facility.

The relationship between staff job satisfaction and facility characteristics was also investigated. No statistically significant relationships were found. The facility variables included the staffing model used, the number of hours per week worked by staff, the location of the residence, the length of time the residence had been in operation, and the type of agency operating the residence.

Staff job satisfaction scores were crosstabulated with resident characteristics. The resident characteristics were (a) level of mental ability, (b) level of physical ability, and (c) level of problematic behaviour. Only two significant relationships were found. The presence of residents considered by staff to be severely mentally handicapped was associated with lower levels of job satisfaction. The relationship was tested using chi square. This test showed that X^2 (4, N = 551) = 13.38, $p<.01$. This finding adds support to the discussion in Research Question Two concerning the relationship between resident characteristics and rates of staff turnover. The data in this study show a significant negative relationship between the presence of residents identified as severely mentally handicapped and rates of staff turnover and rates of staff job satisfaction. Additional research is needed to clarify this

complex and important issue.

A significant negative relationship was also found between rates of staff job satisfaction and the presence of residents described by staff as having severe behaviour problems. Although this relationship was statistically significant; X^2 (4, N = 551) = 9.76, $p<.05$, an inspection of the data showed only a small tendency for staff involved with residents having severe behaviour problems to be less satisfied with their jobs.

In an effort to determine whether certain staff or resident characteristics predict job satisfaction, a multiple regression analysis was conducted. Job satisfaction score was the dependent variable. The predictor variables were (a) staff ages, (b) duration of group home employment, (c) anticipated duration of employment, (d) presence of residents with severe mental retardation, and (e) the presence of residents with severe behaviour problems. Intercorrelations among these variables are presented in Table 17. Overall, 16% of the variance in the dependent variable was explained on the basis of the combined set of predictors (R = .41, F = 20.51, 5/524 df. $p<.001$).

The single strongest predictor of job satisfaction was anticipated duration of employment. This factor accounted for 13.5% of the variance in job satisfaction scores (r = .37, $p<.001$). The presence of residents classified as severely mentally handicapped accounted for 2% of the variance in job satisfaction scores (r = -.15, $p<.001$). This correlation was negative. The ages of staff only accounted for 1% of the variance (r = .10, $p<.05$) and the presence of residents with severe behaviour problems was even less important. The length of time staff had worked in a residential facility was not significantly correlated with job satisfaction scores.

Table 17

Correlations Between Job Satisfaction Scores and Predictor Variables

Variables	1	2	3	4	5	6
1. Job Satisfaction Score		.10*	-.06	-.15***	-.09*	.37***
2. Staff Age			.35***	-.04	-.11**	.25***
3. Duration of Emp.				.10*	-.01	.11**
4. Severe M. R. Resident					.32***	-.02
5. Severe Beh. Prob. Resident						-.03
6. Anticipated Duration of Emp.						

Note. N = 530

*$p < .05$ one-tailed

**$p < .01$ one-tailed

***$p < .001$ one-tailed

Correlations between predictor variables showed that the ages of staff were significantly correlated with duration of employment ($r = .35$, $p<.001$) and anticipated duration of employment ($r = .25$, $p<.001$). The presence of residents with severe mental retardation in group homes was significantly correlated with the presence of residents with severe behaviour problems ($r = .32$, $p<.001$).

The regression analysis did not find any variables that were very helpful in predicting staff job satisfaction. Job satisfaction was a product of many different interacting factors. Attempting to isolate single predictors has not been successful. In future, a more productive approach might be the identification of combinations of factors that contribute to job satisfaction. One of the ways these factors could be organized would be to use the four categories proposed by Porter and Steers (1973). These categories were organization-wide factors, immediate work environment factors, job content factors, and personal factors.

Research Question Seven

The seventh research question concerned the personal characteristics of staff that had terminated employment in a community-based residential facility in 1985. In general, the people leaving their group home jobs were representative of all staff employed in residential facilities. A total of 268 staff persons were reported to have left their employment during 1985 in the 121 group homes included in this study. The staff that left included 78 (29%) males and 190 (71%) females. Since this study had found that existing group home staff population consisted of 17% males and 83% females, it appeared that a disproportionately high number of males left in 1985.

The ages of staff that left were comparable to ages of staff still

employed with regard to range and averages. This study found that 17% of the staff that left were classified as supervisors. This figure is similar to the 20% classified as supervisors in the existing staff population. The level of education for staff leaving their jobs in community-based residential facilities in 1985 was representative of the existing staff population.

One of the findings in this study that will be of concern to residential facility administrators is that 41.4% of the staff that left their jobs in group homes in Alberta in 1985 had been employed there for less than one year. This finding clearly suggests that the recruitment process for group home staff needs to be reviewed to select employees likely to make longer-term commitments. Staff that are likely to make longer-term commitments tend to be over 40 years of age, have no more than a high school education, and are probably female with no dependents. Administrators of group homes may have to balance the need for staff that are likely to be long-term employees against the need to recruit staff that have other desirable characteristics but may be short-term employees.

One of the studies reviewed in Chapter Two (Lakin, Bruininks, Hill, & Hauber, 1982) concluded that staff turnover was not a process that improved the quality of residential staff since employees rated as "excellent" and "poor" seemed to leave in approximately equal proportions. The present study provided strong support for such a conclusion. The data showed that 51% of the staff that left their jobs in group homes in 1985 were rated as average by the administrators of the employing agency. Staff rated above average accounted for 28% and staff rated below average accounted for 21%. These findings suggest that the quality of staff in

residential facilities may be eroded through turnover. This is another issue that should be of concern to group home administrators.

Summary of Results

Residence characteristics.

1. There are about 156 community-based group homes in Alberta with about 45 different operators. These homes employ approximately 1000 staff and provide accommodation to around 970 residents.

2. Of the group homes in Alberta, 45% were six-space units, 25% had three to five spaces, and 30% had more than seven spaces.

3. About 70% of all community-based residential facilities for people with mental retardation in Alberta are located in cities with populations over 25,000 people. Only 7% of these residential facilities are located in towns with populations of less than 5,000 people. Only 2% of the residential facilities are located in rural settings outside cities or towns.

4. The live-in staffing model is used exclusively in only 6% of all group homes during the week and in 21% of all group homes on weekends. A shift staffing model is used exclusively in 70% of all group homes during the week and in 42% of all group homes on weekends.

Resident characteristics.

5. According to group home administrators, the majority of residents in group homes in Alberta were classified as moderately mentally handicapped (43%), required no physical assistance (67%), and did not present behaviour problems (46%).

Staff characteristics.

6. Staff working in group homes in Alberta tended to be females (83%), about 30 years of age ($\bar{x}$ = 29.95), did not have dependent children

(72%), and had at least some post-secondary education (91%).

7. There were no significant differences in personal characteristics such as age or education level between male and female staff.

8. Over one quarter (26%) of the staff working in group homes in Alberta were hired without recent previous experience working with people that have handicaps.

9. Compared to other educational categories, staff that were rehabilitation practitioners were most likely to be residence supervisors.

Staff turnover.

10. The provincial average turnover rate for group home staff in Alberta in 1985 was 40%.

11. Only 18% of the staff that worked in group homes had been employed in the same residential facility over four years and 41% had been employed for less than one year.

12. Over half of all staff reported they did not plan to work in group homes for more than two years and only 20% planned to stay more than four years.

13. Getting a better job or going back to school were two of the reasons staff gave as likely reasons for quitting work in group homes.

14. Low rates of staff turnover were found in 59% of small group homes (less than six spaces), 70% of the medium sized group homes (six spaces), and 39% of large group homes (over six spaces). High rates of staff turnover were found in 31% of small group homes, 9% of medium sized group homes, and 17% of large group homes.

15. Of the group homes with low rates of staff turnover, 76% provided a resident relief (short-term accommodation) service.

16. The only variable that was statistically significantly correlated

with differences in rates of staff turnover was the existence of a relief service in the group home. This variable accounted for 9% of the variance in staff turnover rates.

17. The presence of residents with severe mental retardation or requiring a lot of physical assistance were related to higher rates of staff turnover.

18. The length of time residential facilities had been in operation was not found to be significantly related to rates of staff turnover.

Job satisfaction.

19. Job satisfaction and rates of staff turnover appeared to be closely related.

20. Staff members appeared to be generally satisfied with their jobs in group homes. Factors that were considered particularly satisfactory included involvement with people with mental handicaps and positive co-worker relationships. Job factors that were least satisfactory included rates of pay, hours of work, and advancement opportunities.

21. Staff members were generally satisfied with the size of group homes they worked in. Compared to the size of group homes staff worked in, there was a tendancy to favour working in homes that were smaller rather than larger.

22. Staff members seemed to prefer working with the type of residents they were familiar with and felt that expectations for residents to be more independent should be raised.

23. Staff that worked with residents with severe mental retardation or with a severe behaviour problem appeared to have lower job satisfaction.

24. Staff clearly expressed a desire for more inservice training. They also wanted more work related recognition and feedback from their

employer.

25. Staff with post-secondary education planned to work in group homes for shorter periods of time than staff without post-secondary education.

26. There did not appear to be any significant relationships between staff job satisfaction and facility characteristics such as geographical location, type of operator, or the length of time the residence had been in operation.

27. The factor that accounted for the greatest variance in staff job satisfaction scores (13.5%) was the length of time staff were planning to work in the group home. The presence of residents in the group home with severe mental retardation accounted for a small amount of variance in job satisfaction scores (2%).

Staff that left.

28. Characteristics of staff that left their group home jobs in Alberta in 1985 were similar to characteristics of staff that remained employed.

29. Of the staff that left their jobs in group homes in 1985, 41% had been employed for less than one year. More of these staff were rated as "above average employees" than "below average employees" by their employer.

Chapter VI

Discussion

This study attempted to describe some basic information about staff employed in group homes serving mentally handicapped people in Alberta. The research questions this study addressed concerned provincial rates of staff turnover in group homes and the identification of factors that contributed to those rates of turnover.

This study was predicated on three fundamental assumptions. The first assumption was that staff turnover reduces the quality of service provided in group homes for people with mental retardation. The second assumption was that increased job satisfaction would result in lower rates of staff turnover. The third assumption was that at least some of the variables associated with staff job satisfaction were controlled by administrators of group homes.

The purpose of this study was to provide administrators of group homes with information that could be used to (a) compare agency rates of staff turnover with the provincial average, (b) recruit staff likely to be long-term employees, (c) identify features within group homes associated with short-term and long-term employment, and (d) develop personnel policies and practices that would encourage long-term employment.

Studies related to this topic had not been done previously in Alberta and very little descriptive data was available. Research conducted in the United States on staff turnover in group homes was useful in designing this study and corroborating some of the findings.

Results

The results of this study confirmed that staff turnover in group homes serving people with mental retardation is a serious problem in Alberta. This finding was expected since many earlier studies on this subject in the United States had come to the same conclusion. The average staff turnover rate of 40% in Alberta included both government and privately operated facilities. The United States national average rate of staff turnover in government operated residential facilities was 32.8% and in privately operated facilities the rate was 54.2% (Lakin, Bruininks, Hill, & Hauber, 1982). It appears that the scope of the problem of staff turnover is similar in Alberta and the United States.

The characteristics of staff employed in group homes in Alberta were found to be similar with respect to age, education, and experience compared to the group home staff in New York State described by Janicki, Jacobson, Zigman, and Gordon (1984). Group home staff in Alberta were typically female (83%), were an average of 30 years old, and over 90% had at least some post-secondary training.

Some of the characteristics of group homes and their residents were also described in this study. The popularity of the six-space group home (45%) and the demise of the live-in staffing model (6%) were confirmed. The majority of residents in group homes tended to be those classified as mildly (28%) or moderately (43%) mentally handicapped, not requiring any physical assistance (67%), and not presenting any problematic behaviour (46%).

The variance in rates of staff turnover could not be explained on the basis of any single set of staff, facility, or resident related variables although a number of significant relationships were found. The

variables that were statistically significantly related to rates of staff turnover were:

1. group home size (six-space facilities had the lowest rate of staff turnover),

2. relief service (group homes with relief service had lower rates of staff turnover), and

3. resident characteristics (group homes that had residents classified as severely mentally retarded or requiring a lot of physical assistance were related to higher rates of staff turnover).

The optimum size of community-based residential facilities is a controversial topic that has been debated in the literature. The data from this study would suggest that proponents of small (less than six spaces) residential facilities need to be concerned about the apparent lack of staff stability in those types of homes. The discontinuity experienced by residents in small homes, where the departure of one staff might represent a 50% staff turnover rate, should be evaluated relative to the discontinuity experienced by residents in larger homes, where the departure of one staff may only represent a 20% staff turnover rate. Planners of living environments for people with mental handicaps need to be aware of, and consider, the advantages and disadvantages of the types of facilities they recommend. Unfortunately, decisions regarding issues like optimum group home size are often made on the basis of philosophical principles rather than on research findings.

The relationship between the presence of a relief service and lower rates of staff turnover was not anticipated or easily explained. One possible explanation may be that having a variety of residents stay in a group home for short periods of time makes the work situation more

interesting to staff. Staff may also get more positive feedback from parents that use relief services than from parents of permanent residents. It is also possible that the existence of a relief service and rates of staff turnover are related by other, as yet undetermined factors.

This study found that some resident characteristics are related to rates of staff turnover. Results from other studies regarding this issue have been mixed. It seems reasonable that not all types of staff would be equally compatible with all types of residents. One of the challenges administrators need to accept is to recruit staff that fit particular positions in relation to resident needs rather than facility or agency needs. This approach might involve repriorizing some of the criteria that is used to select staff and may also necessitate changes in the recruitment process. One of the recommended changes would be to allow applicants to become familiar with dependent residents by providing additional information and exposure prior to being hired. It would also be helpful if administrators allowed the recruitment process to focus on matching staff with residents rather than always attempting to select the most skillful or qualified person.

The level of job satisfaction expressed by the majority of staff included in this study was higher than anticipated. The variable accounting for the greatest variance in job satisfaction scores (13.5%) was the length of time staff planned to remain employed in the group home. This finding corroborates the assumtion that job satisfaction and rates of staff turnover are related. Unfortunately, the design of this study did not allow direct comparisons of rates of staff turnover supplied by group home administrators and levels of job satisfaction supplied by staff employed in group homes. The only staff, facility, or resident

characteristics found to be statistically significantly related to staff job satisfaction were:

1. anticipated duration of employment (dissatisfied staff did not plan to work very long),

2. duration of employment (satisfied staff tended to work for longer periods of time),

3. staff age (staff over 40 years of age tended to be more satisfied than younger staff), and

4. resident characteristics (working with residents classified as severely mentally retarded or having severe behaviour problems was related to job dissatisfaction).

There is no suggestion that either duration of employment or anticipated duration of employment are anything more than by-products of the level of job satisfaction expressed by staff. It is useful for administrators to know that older staff tend to be more satisfied and likely to be longer-term employees.

This study has explored issues related to staff turnover and job satisfaction. Administrators need to address these problems in both the recruitment and management of group home staff. The following section outlines some recommendations that might assist administrators of group homes in reducing rates of staff turnover and increasing staff job satisfaction.

Recommendations for Administrators

These recommendations are intended to help administrators develop strategies to recruit and retain staff on a long-term basis. These recommendations will need to be balanced against the need to fulfill other obligations to residents, residential facilities, operating agencies,

and funding agencies. The recommendations to administrators begin with a number of basic assumptions about staffing issues.

Assumptions.

1. Improving the quality of service to residents in group homes is a priority for all residential administrators.

2. The quality of the service provided in a group home cannot be better than the service provided by the direct-care staff.

3. Increasing staff job satisfaction is likely to contribute to improved quality of service provided to residents in group homes.

4. Increasing staff job satisfaction is likely to result in lower rates of staff turnover. Lower rates of staff turnover result in better quality service to residents in group homes.

5. Administrators control some of the variables affecting staff job satisfaction.

Strategies.

1. Make the selection and retention of long-term group home staff an administrative priority.

2. Calculate the agency rate of staff turnover and decide if the rate is acceptable.

3. Poll the group home staff to determine the issues causing job dissatisfaction and satisfaction.

4. Interview staff that leave their jobs in order to determine the reasons why.

5. Interview staff that are long-term employees in order to determine the factors that contributed to their stability.

6. Assess the risk of high staff turnover with regard to associated variables like group home size, resident characteristics, or the presence

of a relief service.

7. Avoid use of a live-in staffing model.

8. Avoid placing staff in larger residential facilities than they are accustomed to working in.

9. Encourage the development of staff work schedules allowing for more staff-resident interaction and less paperwork.

10. Allow staff to have some choice in the types of residents they work with. It is important to think in terms of matching staff to residents rather than placing or assigning staff to facilities.

11. Ensure that goals related to greater independence for residents are in place at all times. Provide inservice training so all staff members understand the goals and are capable of contributing toward their achievement.

12. Make every effort to ensure that the administration of personnel policies is done in a manner that is fair, and is seen to be fair, by all staff.

13. Pay wages that are as close to the norm for equivalent positions as possible. If there is a shortage of funds, be willing to share budget information with staff so they understand that the employer is being as fair as possible.

14. Make promotions from within the agency whenever possible. Create some additional positions in order to allow staff members to take on greater responsibilities and advance their careers within the group home and agency.

15. Offer a benefit plan to staff. Many staff benefits are not very costly and can be cost-shared with the employees.

16. Give staff reassurance about the security of their jobs.

Allowing staff to feel insecure in their jobs is not condusive to staff job satisfaction. A contract for a specified term of employment or a tenure system might be useful.

17. Be a good communicator with staff and avoid secrecy. Administrators are often viewed with suspicion by staff. Every effort should be made to communicate openly and frequently with all levels of staff.

18. Include staff in the decision-making process whenever possible. Decisions made by administrators can still involve input from staff.

19. Increase the amount of inservice training to staff. Many staff employed in group homes have little relevant training or experience in this field. Working with residents with complex needs can be very difficult. Providing training that helps staff feel competent and effective will increase job satisfaction and will also improve service quality.

20. Reassess each staff member in relation to their training and/or experience and the actual tasks they perform in their jobs. If necessary, redesign job descriptions in order to make optimum use of the training and experience that staff members have.

21. Give staff more work related feedback. Administrators may need to give supervisors more feedback and also teach them to give their staff more feedback. To be effective, feedback needs to be immediate.

22. Give recognition to employees. Staff need to be told and shown that they are appreciated.

23. Provide staff with information about the agency. This involves effective orientation for new employees and ongoing updates on the changing goals, objectives, and policies of the agency.

24. Make sure that regulations, policies, and procedures are written down and communicated to all staff.

25. The age of an applicant may be an important consideration where job qualifications are about equal. Staff over the age of 30 tend to be longer-term employees.

26. Do not hire overqualified staff. Staff that feel their skills are not being used optimally tend to be dissatisfied.

Research Design

The questionnaire research method employed by this study was very effective in collecting a large amount of useful information. This research method allowed the entire province to be included in the survey and the excellent response rate helped to increase the quality of the data collected. The use of two separate questionnaires was useful in allowing a wider range of questions to be included in the survey. The two questionnaires also served to verify and explain data common to both.

Several of the questions included in the study were not very useful. This was partly due to confusion over the definitions of critical words in the questions or response menus. The question that asked staff to indicate the type of agency they worked for was one of these (Question 9 on Staff Questionnaire). Many staff appeared to confuse the fact that the residence they worked in was funded by the government but operated by a private agency. Some additional definitions should have been provided. The question that asked respondents to classify residents according to mental, physical, and behavioural characteristics also created some confusion, although the responses were still useful (Staff Questionnaire, Question 14; Administrator Questionnaire, Question, 4). Some confusion regarding the classification of residents was anticipated

since definitions of disabilities or behaviour either do not exist or are not in common use. Also, some staff, for philosophical reasons, refused to respond to questions about residents. These staff objected to any efforts to label or classify residents. In an effort to avoid some of these problems, the respondents were asked to give a subjective opinion regarding the classification of residents. This approach greatly reduced the value of the data that was collected. An additional problem with this question can be attributed to inadequate directions to respondents. Some repondents did not ensure that the sum of the people classified in each set of characteristics was equal to the total number of residents in the group home. Also, some respondents used a check mark or percentage. Inaccurate responses could not be included in the analysis.

Several of the questions had inadequate response menus. The question that asked the age of residents in group homes was one of these. The narrow and exclusive response categories did not anticipate the diverse age groupings in many residential facilities. As a result, the data on resident age was not very useful. Another question having an inadequate response menu involved the identification of staff schedules or shifts. The wide range of work schedules being used in group homes was not anticipated but additional information provided by the respondents allowed the response menu to be expanded during the analysis of the data. Unfortunately, the staff questionnaire did not include a question that asked the size of group home where the respondent was employed. As a result, rates of job satisfaction could not be compared to group home size. The balance of the questions on both questionnaires appeared to work well.

A more extensive pilot study of both questionnaires may have been

useful. The pilot study undertaken was small and all participants were from the same service agency. The pilot study should have been more broadly based to increase the reliability and validity of the questionnaires for a wider range of residential agencies and staff.

Future Research

This is the first major study involving issues of job satisfaction and staff turnover in residential facilities for people with mental retardation in Alberta. The information obtained by this study was consistent with similar studies done in the United States. This study produced some useful and previously unknown information.

One potentially useful area of research would be to identify group homes that have different rates of staff turnover. Variables affecting these homes could then be compared to identify common and uniques factors. Another issue deserving additional research involves the relationship between resident characteristics and rates of staff turnover. The data in this study seemed to indicate that some relationships existed but more definition of this relationship is needed.

Another important topic for future research involves the relationship between variables within residential facilities. Like all living environments, residential facilities consist of complex ecological conditions and climates. Examinations of the interdependences that exist between residents, staff, and the group home environment might prove to be more useful than less complex approaches considering singular dimensions.

Finally, some additional research should be undertaken to validate the job factors used in this study to evaluate job satisfaction. Although these job factors were derived from a large body of literature on this

subject, their validity in the context of community-based group homes has not been demonstrated.

This study on job satisfaction and rates of staff turnover is an important first step in describing some of the characteristics of group homes for mentally handicapped people in Alberta. Additional research is needed to increase the data base regarding residential facilties. This information is needed to assist service planners and providers in making the kinds of decisions that allow people with mental handicaps to live in more normal and independent environments.

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APPENDIX A

ADMINISTRATOR QUESTIONNAIRE

AND LETTERS

University of Alberta
Edmonton
Canada T6G 2G5

Department of Educational Psychology
Faculty of Education
6-102 Education North, Telephone (403) 432-5245

February 10th., 1986.

Dear Residential Program Administrator:

I would like to request your assistance in a research project involving staff who work in residential facilities for people with mental retardation in the Province of Alberta. High rates of staff turnover have generally been regarded as one of the most significant problems associated with community based residential services. This problem has been studied in the United States, but there is little data on this subject in Alberta.

This project has two (2) parts. The Administrator's Questionnaire provides valuable information on rates of staff turnover for each residential facility your agency operates. Each form should only take about five (5) minutes to complete. There will not be any reference to specific agencies or facilities in the study. A stamped, self-addressed envelope has been provided for you to return your completed questionnaire(s). Please respond by March 15th., 1986.

The second part of this study involves information from full or part-time staff employed on a regular basis in community based residences. The information from the staff will provide valuable information about factors contributing directly to job satisfaction and indirectly to staff turnover rates. Please distribute the staff questionnaire as indicated and encourage all eligible staff to participate.

This study is a major undertaking, but as someone who has had twelve (12) years of involvement in residential services in Alberta and a Master's student at the University of Alberta, I believe that information on this topic is definitely needed. In return for your co-operation and participation, I will be pleased to send you a complete summary of the research finding. This summary will contain staff turnover rates for various types of residential services in Alberta, a description of the characteristics of people who work in residences, and an outline of variables residential staff feel contribute to job satisfaction. This summary should be very useful to all administrators of community residences.

If you have any questions regarding the study or the questionnaire, please call me at 467-7140 (business) or 464-0953 (home). Thank you very much for your assistance with this project.

Sincerely,

Ed Riediger

Ed Riediger,
Master's Student.

David Baine, Ed. D.,
Professor, Thesis Supervisor.

Encl.

Administrator's Questionnaire

This questionnaire should be answered by the administrator of the agency or someone familiar with the personnel records. A separate questionnaire is required for each residential facility. Please answer all of the following questions and then return the completed questionnaire in the self-addressed envelope.

1. How many residents live in this facility on a regular basis?
   (please specify) _____

2. What is the approximate age range of the residents in this facility? (circle one)

   a. birth to 6 years
   b. 7 to 18 years
   c. 19 to 30 years
   d. 31 to 40 years
   e. 41 to 50 years
   f. over 50 years

3. Is short term relief (respite care) provided in this facility? (circle one)

   a. Yes b. No

4. Classifying people is usually not very precise.

   a. Considering only mental ability; how many residents who live in this facility would you classify as:

   - mildly mentally handicapped? (please specify) _____
   - moderately mentally handicapped? (please specify) _____
   - severely mentally handicapped? (please specify) _____
   - profoundly mentally handicapped? (please specify) _____

   b. Considering only physical ability; how many residents who live in this facility would you classify as needing:

   - no physical assistance? (please specify) _____
   - some physical assistance? (please specify) _____
   - a lot of physical assistance? (please specify) _____
   - complete physical assistance? (please specify) _____

   c. Considering only behaviour; how many residents who live in this facility would you classify as:

   - no behaviour problem? (please specify) _____
   - a mild behaviour problem? (please specify) _____
   - a moderate behaviour problem? (please specify) _____
   - a severe behaviour problem? (please specify) _____

5. This residential facility is located? (circle one)

   a. in a city or town with a population of over 25,000 people.
   b. in a city or town with a population of 5,000 - 25,000 people.
   c. in a city or town with less than 5,000 people.
   d. in the country (outside a city or town).

6. Who is the operator of this facility? (circle one)

   a. Government
   b. parent association
   c. religious organization
   d. community board
   e. other (please explain) _____

7. How many years has this residential facility been in operation? (please specify) _____

8. What is the staffing model used in this facility during the week (Monday to Friday)? (circle one)

   a. all staff live-in
   b. some staff live-in and some work shifts
   c. all staff work shifts
   d. other (please explain) _____

9. What is the staffing model used in this facility during the weekend (Saturday and Sunday)? (circle one)

   a. all staff live-in
   b. some staff live-in and some work shifts
   c. all staff work shifts
   d. other (please explain) _____

The following questions (10, 11, 12) only apply to paid staff who work on a regular basis in this residential facility. These regular staff may work part-time or full-time.

10. a. During 1985, on average, how many supervisors (senior staff with supervisory responsibilities) were employed in this facility at any one time? (please specify) _____

    b. In the period January 1, 1985 to January 1, 1986; how many supervisors left their employment in this facility for any reason. (please specify) _____

11. a. During 1985, on average, how many direct care staff (all staff other than supervisors) were employed in this facility at any one time? (please specify) _____

    b. In the period January 1, 1985 to January 1, 1986; how many direct care staff left their employment in this facility for any reason? (please specify) _____

THANKS - only one more question

12. Please provide a brief description of the staff (supervisors and direct care) who left their employment in this facility during 1985. To preserve anonymity, allow the letters in the table below to represent the names of staff who departed, then; fill in the information requested for each of those people.

Staff	Sex	Age in Years	Position	Education	Length of Employment	Performance Rating
	m-male f-female	on July 1 1985	S-Supervisor D.C.-Direct Care	use code below	use code below	use code below
A						
B						
C						
D						
E						
F						
G						
H						

(Add additional staff descriptions on back of this page if necessary.)

Education Code	Employment Code	Performance Rating Code
Select the level achieved by this staff member.	Indicate how long this staff member had worked in this facility.	Indicate how you would rate this staff member.
a. did not graduate from high school b. graduated from high school c. has some training from a college or university d. graduated from a Rehabilitation Practitioner or equivalent program e. graduated with a University degree in Education or the Humanities f. other	a. less than 2 months b. between 2 and 6 months c. between 6 months and 1 year d. between 1 and 2 years e. between 2 and 4 years f. between 4 and 6 years g. over 6 years	a. above average b. average c. below average

March 6th., 1986.

Dear Residential Program Administrator:

A few weeks ago, you received a questionnaire(s) regarding rates of staff turnover in the residential units operated by your agency. If you have returned those - thank-you very much. If the questionnaire(s) is/are still in your "pending" file, please complete and return them by March 15th., 1986. Returns to date have been excellent (forty (40%) percent), but your response is needed.

Also, please remind your staff to complete and return their questionnaires by the March 15th., 1986 due date. The return on these questionnaires is at about twenty-five (25%) percent at present. If you have any staff questionnaires which were not used by your agency, I would appreciate having them returned.

Thank you very much for your co-operation in helping make this a very worthwhile research project. I am sure that you will find the results interesting and useful.

Sincerely,

Ed Riediger,
Masters Student,
University of Alberta.

APPENDIX B

STAFF QUESTIONNAIRE

AND LETTER

University of Alberta
Edmonton
Canada T6G 2G5

Department of Educational Psychology
Faculty of Education
6-102 Education North, Telephone (403) 432-5245

February 10th., 1986.

Dear Residential Staff Member:

Community based residences are an important living option for many people who have a mental handicap. Although many Albertans are employed in these types of facilities, very little is known about this important group of people. The purpose of this research project is to get a general description of the types of people working in community residences and to find out how they feel about a variety of important issues affecting them.

Your participation in this study is very important. Your response will be strictly confidential. You do not need to give your name or identify the agency you work for. The information you provide will be used only for statistical purposes and all questionnaires will be destroyed as soon as the data has been tabulated. Most people only need about five (5) minutes to complete this questionnaire.

This research project was undertaken as a result of my twelve (12) years of involvement in the area of community residential services and is part of the work I am doing towards obtaining a Master's Degree at the University of Alberta.

Please fill in the attached questionnaire and mail it back by March 15th., 1986. Use the enclosed stamped, self-addressed envelope. I would be pleased to send you a summary of the research findings if you send a request to me. If you have any questions regarding the questionnaire, please call me at 467-7140 (business) or 464-0953 (home).

Thank you very much for your co-operation and assistance in this project.

Sincerely,

Ed Riediger

Ed Riediger,
Master's Student.

David Baine, Ed. D.,
Professor, Thesis Supervisor.

Encl.

Staff Questionnaire

This questionnaire should be answered by full- or part-time staff employed on a regular basis in community based residential facilities accommodating people with mental retardation. Please answer all the questions and then return the questionnaire in the self-addressed envelope. Answering these questions should only take about five minutes.

Circle the letter beside the answer which best describes the way you feel.

1. Compared to the residential facility where you work now, would you prefer to work in a facility with: (circle one)

   a. a lot more residents?
   b. a few more residents?
   c. about the same number of residents?
   d. a few less residents?
   e. a lot less residents?

2. Compared to the residential facility where you work now, would you prefer to work in a facility with: (circle one)

   a. a lot more staff per resident?
   b. a few more staff per resident?
   c. about the same number of staff per resident?
   d. a few less staff per resident?
   e. a lot less staff per resident?

3. Compared to the amount of interaction you have with the residents in the residential facility where you now work, would you prefer: (circle one)

   a. a lot more interaction with residents?
   b. a little more interaction with residents?
   c. about the same amount of interaction with residents?
   d. a little less interaction with residents?
   e. a lot less interaction with residents?

4. Compared to the mental level of functioning of the residents you now work with, would you prefer to work with residents who: (circle one)

   a. have a lot more mental ability?
   b. have a little more mental ability?
   c. have about the same level of mental ability?
   d. have a little less mental ability?
   e. have a lot less mental ability?

5. Compared to the physical level of functioning of the residents you now work with, would you prefer to work with residents who: (circle one)

   a. have a lot more physical ability?
   b. have a little more physical ability?
   c. have about the same level of physical ability?
   d. have a little less physical ability?
   e. have a lot less physical ability?

6. In the residential facility where you now work, would you prefer to see the staff expectations for residents to be independent: (circle one)

   a. a lot higher?
   b. a little higher?
   c. kept at the present level?
   d. a little lower?
   e. a lot lower?

7. In the residential facility where you now work, would you prefer to see the administration's expectations for staff to train residents to be more independent: (circle one)

   a. a lot higher?
   b. a little higher?
   c. kept at the present level?
   d. a little lower?
   e. a lot lower?

8. Where is the residential facility where you work located? (circle one)

   a. in a city or town with a population of over 25,000 people
   b. in a city or town with a population of between 5,000 and 25,000 people
   c. in a city or town with a population of less than 5,000 people
   d. in the country (outside a city or town)

9. Who operates the facility where you work? (circle one)

   a. Government
   b. parent association
   c. religious organization
   d. community board
   e. other (please specify) _____

10. How many years has the residential facility where you work been in operation? (please specify) _____

11. What staffing model is used during the week (Monday - Friday) in the residential facility where you work? (circle one)

    a. all staff live-in
    b. some staff live-in and some work shifts
    c. all staff work shifts
    d. other (please specify) _____

12. What staffing model is used on weekends (Saturday and Sunday) in the residential facility where you work? (circle one)

    a. all staff live-in
    b. some staff live-in and some work shifts
    c. all staff work shifts
    d. other (please specify) _____

13. What is the approximate age range of the residents in the facility where you work? (circle one)

    a. birth to 6 years
    b. 7 to 18 years
    c. 19 to 30 years
    d. 31 to 40 years
    e. 41 to 50 years
    f. over 50 years

14. Classifying people is usually not very precise.

    a. Considering only mental ability: how many residents who live in the facility where you work would you classify as:

    - mildly mentally handicapped? (please specify) _____
    - moderately mentally handicapped? (please specify) _____
    - severely mentally handicapped? (please specify) _____
    - profoundly mentally handicapped? (please specify) _____

b. Considering only physical ability; how many residents who live in the facility where you work would you classify as needing:

- no physical assistance? (please specify) _____
- some physical assistance? (please specify) _____
- a lot of physical assistance? (please specify) _____
- complete physical assistance? (please specify) _____

c. Considering only behaviour; how many residents who live in the facility where you work would you classify as:

- no behaviour problem? (please specify) _____
- a mild behaviour problem? (please specify) _____
- a moderate behaviour problem? (please specify) _____
- a severe behaviour problem? (please specify) _____

15. Is short-term relief (respite care) provided in the facility where you work? (circle one) a. Yes b. No

16. What year were you born? _____

17. Sex? a. female b. male

18. Are you the primary wage earner in your home? (circle one) a. Yes b. No

19. Do you have dependent children living with you? (circle one)

a. under the age of 6 years
b. between 7 and 12 years of age
c. between 13 and 18 years of age
d. no dependent children living with me

20. What level of education did you achieve? (circle one)

a. did not graduate from high school
b. graduated from high school
c. have taken some training from a college or university
d. graduated from a Rehabilitation Practitioner Program (or equivalent)
e. graduated with a university degree in Education or the Humanities
f. other (please explain) _____

21. Which of the following would be the most accurate description of how you spent your time in the year before you started your present job in a residential facility? (circle one)

a. unemployed
b. working in another residential facility with the same agency
c. working in another capacity with the same agency
d. working with a different agency but involved with people who are handicapped
e. working in a job unrelated to people who are handicapped
f. attending an educational facility
g. other (please explain) _____

22. How long have you worked in the residential facility where you are presently employed? (circle one)

a. less than 2 months
b. more than 2 months but less than 6 months
c. more than 6 months but less than 1 year
d. more than 1 year but less than 2 years
e. more than 2 years but less than 4 years
f. more than 4 years but less than 6 years
g. more than 6 years. How long? _____

(I really appreciate your help!)

23. What is your designated position in the residential facility where you are presently employed? (circle one)

a. supervisor
b. direct care staff
c. other (please explain) _____

24. On the average, how many hours per week do you work in the residential facility where you are presently employed? (circle one)

a. 10 or less
b. 10 to 20
c. 21 to 30
d. 31 to 40
e. over 40 How many? _____

25. On which days of the week do you usually work in the residential facility where you are employed? (put a check mark beside those that apply)

Monday	____	Thursday	____	Saturday	____
Tuesday	____	Friday	____	Sunday	____
Wednesday	____				

(please provide additional details if clarification is needed)

26. What is your work schedule in the residential facility where you are employed? (check those that apply and specify the hours you normally work)

a. mornings (7 a.m. - 12 noon)	____	from _____	to _____
b. afternoons (12 noon - 11 p.m.)	____	from _____	to _____
c. nights (11 p.m. - 7 a.m.)	____	from _____	to _____
d. live-in	____	from _____	to _____

(please provide additional details if clarification is needed)

27. How much longer do you expect to work in the residential facility where you are now employed? (circle one)

a. less than 3 months
b. more than 3 months but less than 6 months
c. more than 6 months but less than 1 year
d. more than 1 year but less than 2 years
e. more than 2 years but less than 4 years
f. more than 4 years but less than 6 years
g. more than 6 years. How many? _____

28. What is the <u>most likely reason</u> you would terminate your employment in the residential facility where you work? (circle one)

a. going back to school
b. getting a promotion within the agency
c. getting fired or terminated by the agency
d. getting a better job somewhere else
e. quitting because of dissatisfaction with the job
f. quitting because of dissatisfaction with your employer
g. personal problems
h. no longer need or want to work
i. other (please explain) _____

(You're nearly done!)

Circle the number which you feel most accurately completes each of the following statements.

	very dissatisfied	dissatisfied	neutral	satisfied	very satisfied
29. I feel ____ about working with people who have a mental handicap.	1	2	3	4	5
30. I feel ____ about the actual tasks and activities which I am required to perform at work.	1	2	3	4	5
31. I feel ____ about the timing of the shift I work.	1	2	3	4	5
32. I feel ____ about my present rate of pay.	1	2	3	4	5
33. I feel ____ about the number of employee benefits provided by the agency I work for.	1	2	3	4	5
34. I feel ____ about the amount of job security I have in my present job.	1	2	3	4	5
35. I feel ____ about the opportunities for promotion in the agency I work for.	1	2	3	4	5
36. I feel ____ about the way I am treated by the administration of the agency I work for.	1	2	3	4	5
37. I feel ____ about the appearance and condition of the facility where I work.	1	2	3	4	5
38. I feel ____ about the comfort and convenience of my work environment.	1	2	3	4	5
39. I feel ____ about the adequacy of the materials, supplies, and equipment available to staff in the residence.	1	2	3	4	5
40. I feel ____ about the way my supervisor treats me.	1	2	3	4	5
41. I feel ____ about the amount of involvement I have in making decisions that affect the operation of the residence where I work.	1	2	3	4	5
42. I feel ____ about the way other staff I work with treat me.	1	2	3	4	5
43. Overall, I feel ____ about the agency I work for.	1	2	3	4	5
44. Overall, I feel ____ about my job.	1	2	3	4	5

Circle the number which you think most accurately completes each of the following statements.

	decreased a lot	decreased	left the same	increased	increased a lot
45. I think I would like the number of hours per week that I work ____.	1	2	3	4	5
46. I think that the amount of work expected of me in the residence should be ____.	1	2	3	4	5
47. I think that the opportunities for inservice training within the agency I work for should be ____.	1	2	3	4	5
48. I think that the use made of my training and/or experience should be ____.	1	2	3	4	5
49. I think that the amount of freedom I have in deciding how to do my job should be ____.	1	2	3	4	5
50. I think that the amount of feedback I get on how I do my job should be ____.	1	2	3	4	5
51. I think that the amount of recognition the agency I work for give to staff should be ____.	1	2	3	4	5
52. I think that the number of regulations, policies, and procedures supplied to the staff by the employing agency should be ____.	1	2	3	4	5
53. I think that explanations given to staff on how the whole agency operates should be ____.	1	2	3	4	5

54. Please list three things that <u>you like</u> about your job in the community residence where you work.

1.

2.

3.

55. Please list three things that you <u>do not like</u> about your job in the community residence where you work.

1.

2.

3.

(Thanks for all your help!)

APPENDIX C

Quotes from Staff Members (Likes)

Organization-Wide Factors

- "the agency I work for - it is really going/doing things for clients"
- "good pay and benefits and promotion opportunities"
- "the fact it is in a community - not institutional"
- "the flexible hours of work"
- "honestly - the suitability of the hours in relationship to my family's needs"

Immediate Work Environment Factors

- "I really like the staff I work with"
- "professional, well organized house due to very good housemanager"
- "very good neighbours on both sides that understand us"
- "the good communication with peers, parents, and other agencies"
- "the support I receive from my supervisor, program advisor, etc."
- "the interaction with other professionals - social workers, doctors, program advisors, etc."

Job Content Factors

- "the job itself (i.e. getting involved in the community and the level of programming offered to the kids - high level"
- "the variety - this job is never boring"
- "room to plan my own work"
- "I can use my expertise in programming."
- "the trust given to me to make decisions"

Personal Factors

- "being able to lend some of myself to help residents achieve their

personal goals"

- "I like to give love and attention to kids who really need it."
- "the clients (they are great)"
- "pride of providing a valuable service"
- "I like assisting the client's development, very gratifying to see that I can actually help"
- "It is a fulfilling, enjoyable, but tiring job."
- "I enjoy the feeling of accomplishment when the clients learn new skills and are pleased with themselves about their new skills."

APPENDIX D

Quotes from Staff Members (Dislikes)

Organization-Wide Factors

- "not enough employee benefits since we didn't have a raise for three years"
- "Administration tends to foul up a lot."
- "As well as our 40 - 50 hours per week, we end up being volunteers as well - leads to burnout of all of us."
- "It has become necessary to advocate for clients against the very organization which houses them."
- "At times I am confused with procedures and policies as they aren't consistent enough."
- "management telling us how to do our jobs when they are not present in our job situation during working hours"
- "I work 40 hours a week and am still considered part-time, thus receive no benefits and very little recognition."
- "lack of policies and procedures"
- "The pay must increase or staff turnover will continue at a high rate."
- "Staff have to pay for their meals."
- "Regulations, policies, and procedures sometimes are very questionable. They are more for the benefit of the agency, not the clients it serves."
- "Staff are not able to communicate ideas for fear of reprisal."

Immediate Work Environment Factors

- "This house needs a lot of work on it."
- "too many residents for the size of the facility"
- "never do I get praise for what I do"

- "I get tired of trying to keep people motivated and willing to learn."
- "Work is at times depressing in the sense that progress by clients is very slow."
- "that the clients cannot communicate back verbally or even at all"
- "no time away from clients for breaks and meals, the evening hours play havoc on my social life"
- "Transportation is not available other than cabs and staff are expected to transport clients too often."
- "committees, committee meetings, and meetings in general (you can get 'meetinged' to death)"
- "I think night shift people should do the floors. The person on days has many duties."
- "The monotony of the regular household routine (I've been working with the Association for 5½ years and find myself in a rut). I'm getting tired of working in the residential setting."
- "the amount of lifting wheelchair clients"
- "This job is highly stressful - it demands a lot of my time and energy."

Personal Factors

- "morale is the pits with the staff"
- "I am frustrated with not being able to use my skills, knowledge, and creativity."
- "I don't really get the chance to meet other staff within the agency because I work weekends."
- "lack of accountability for front-line staff (too many loopholes, opportunities to slack off), this last, of course, refers to other staff"
- "the friction with parents"

- "lack of program materials"
- "lack of leadership from supervisory staff"
- "the amount of vocalization (decisions) I am allowed to engage in (almost nil)"
- "verbal abuse by clients"
- "There are too many restrictions in dealing with difficult clients."
- "The rotating shift is hard on the system."
- "Sleep-over shifts are sometimes a burden due to the long hours spent within the residence."
- "I dislike working every Friday and Saturday but accepted this situation when I took the job."
- "I'm tired of working evenings and nights."
- "Some staff should learn to leave their drinking problems and drug problems at home."
- "too much paperwork and not enough time with the residents"
- "absolutely no feedback - positively or negatively - regarding job performance - by administrative staff"
- "I wish we could keep pets."
- "a lot of coffee drinking by staff - more time should be spent with the residents"
- "my supervisor"
- "lack of communication between shifts"
- "not enough male staff"
- "untrained staff I work with (my job would be much easier if other staff knew what I was talking about)"

Job Content Factors

- "None of my skills (rehab.) are being used. My job is strictly a direct care giver. My input regarding clients is never recognized."
- "I hate changing diapers and feeding clients."